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## **COVER LETTER**

Division o	f Corporations	
SOUT SUBJECT:	THEASTERN BUSINESS INTELLIGENCE LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articl	es of Amendment and fee(s) are submitted for filing.	
Please return all cor	respondence concerning this matter to the following:	
	Dorrel McCall	
	Name of Person	
	SOUTHEASTERN BUSINESS INTELLIGENCE LLC	
	Firm/Company	
	6161 Memorial Hwy Apt 112	
	Address	
	Tampa, FL 33615	
	City/State and Zip Code	
	dorrellives@gmail.com	
	E-mail address: (to be used for future annual report notification)	
For further informat	tion concerning this matter, please call:	
Dorrel McCall	305 345-0063 at ()_	
N	ame of Person Area Code Daytime Telephone Number	
Enclosed is a check	for the following amount:	
<b>■</b> \$25.00 Filing Fe	cee \$\sum \$30.00\$ Filing Fee & \$\sum \$55.00\$ Filing Fee & \$\sum \$60.00\$ Filing Fee,  Certificate of Status Certified Copy Certificate of Sta  (additional copy is enclosed) Certified Copy  (additional copy is enclosed)	tus &

**MAILING ADDRESS:** 

TO:

**Registration Section** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOUTHERSTERN BUSINESS INTELLIGI		
( <u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our a Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability C Florida document number L18000079334	Company were filed on March 28,	2018 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		ecords, <u>enter the name of the ne</u>
Name of New Registered Agent:		D. W
New Registered Office Address:		LL A
now registered office radicise.	Enter Florida street	address AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA
	City	, Florida
New Registered Agent's Signature, if changing Registere	·	$P_{o} = P_{o}$
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and caccept the obligations of my position as registered ageing filed to merely reflect a change in the registere company has been notified in writing of this change.	and agree to act in this capacit omplete performance of my dut gent as provided for in Chapter ed office address, I hereby confi	ies, and I am familiar with and 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Dorrel McCall	6161 Memorial Hwy Apt 112	<b>⊒</b> Add
		Tampa, FL 33615	Remove
			Change
			Remove
			□ Change
<del></del>			Add
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fective date, if other than t	he date of filing:		(optional	)
on effective date is listed, the date note: If the date inserted in this	block does not meet the app	plicable statutory filing	requirements, this date	e will not be listed as
ocument's effective date on the	Department of State's reco	rds.		A
record specifies a delay	ed effective date but	not an effective ti	me_at 12:01 a.m.	on Harear Repro
The 90th day after the re		not an enective ti	me, at 12.01 a.m.	AS AS
A	2010		;	23 SSEE
April 19	, 2018	·		P. P.
$\mathcal{D}$	and Ma	Coll		ORID.
	Signature of a member or a	uthorized representative	of a member	- <del> </del>

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Filing Fee: \$25.00