

L18 000 203 698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

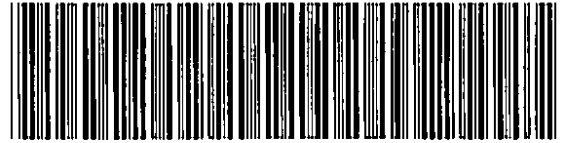
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: J M & D INVESTMENT PARTNERS, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SCOTT H. LEWIS

Name of Person

SOUTHLAND INSTITUTE, LLC

Firm/Company

PO BOX 48461

Address

TAMPA, FL 33646-0121

City/State and Zip Code

Admin@Southland-Institute.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SCOTT H. LEWIS

813 777-2500

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

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

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and assigned
TAMPA, FL

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/24/2018 and assigned Florida document number L18000203698.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SOUTHLAND INSTITUTE, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

5125 Palm Springs Blvd.

Unit 8105

Tampa, FL 33647-5022

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SOUTHLAND INSTITUTE, LLC

P O BOX 48461

TAMPA, FL 33646-0121

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

Civ

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Rochelle Stein	5125 Palm Springs Blvd.	<input type="checkbox"/> Add
		Unit 3106	<input checked="" type="checkbox"/> Remove
		Tampa, FL 33647	<input type="checkbox"/> Change
MGR	Scott H. Lewis	5125 Palm Springs Blvd.	<input checked="" type="checkbox"/> Add
		Unit 8105	<input type="checkbox"/> Remove
		Tampa, FL 33647-5022	<input type="checkbox"/> Change
AMBR	Natalija G. Lewis	5125 Palm Springs Blvd.	<input checked="" type="checkbox"/> Add
		Unit 8105	<input type="checkbox"/> Remove
		Tampa, FL 33647-5022	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.


Signature of a member or author

Signature of a member or authorized representative of a member

SCOTT H. LEWIS

Typed or printed name of signee

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