

7/20/23, 11:42 AM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H23000253606 3)))



H230002536063ABC.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SOUTHERN CONSULTING CENTER LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
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| Page Count            | 04      |
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Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

JUL 20 2023

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

SOUTHERN CONSULTING CENTER LLC

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

**FILED**  
2023 JUL 20 11:10:24  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF HILLSBORO, FL

The Articles of Organization for this Limited Liability Company were filed on 04/11/2019 and assigned  
Florida document number L19000095705

This amendment is submitted to amend the following:

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

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:

133 TOWER ST

(Principal office address MUST BE A STREET ADDRESS)

LAKE PLACID, FL 33852

Enter new mailing address, if applicable:

133 TOWER ST

(Mailing address MAY BE A POST OFFICE BOX)

LAKE PLACID, FL 33852

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:

CHANGE OF ADDRESS

New Registered Office Address:

133 TOWER ST

*Enter Florida street address*

LAKE PLACID

*City*

Florida 33852

*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>                      |
|--------------|-------------|-----------------------|--|
| AMBR         | DAVID LEDO  | 133 TOWER ST          | <input type="checkbox"/> Add               |
|              |             | LAKE PLACID, FL 33852 | <input type="checkbox"/> Remove            |
|              |             |                       | <input checked="" type="checkbox"/> Change |
|              |             |                       | <input type="checkbox"/> Add               |
|              |             |                       | <input type="checkbox"/> Remove            |
|              |             |                       | <input type="checkbox"/> Change            |
|              |             |                       | <input type="checkbox"/> Add               |
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|              |             |                       | <input type="checkbox"/> Change            |

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2023 JUL 20 15:10:22  
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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

2023 JUL 20 PM 10:22  
FILED

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated 07/19

Signature of a person or authorized representative of a member

DAVID LEDO

Typed or printed name of signer

Filing Fee: \$25.00