

L19 000 161174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

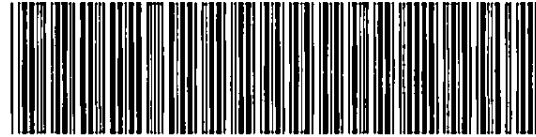
(Business Entity Name)

(Document Number)

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03/06/20--01019--002 \*\*61.25

FILED  
2020 APR 28 AM 9:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 29 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SOUTHERN XPOSURE 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:

CRAIG SHACKELFORD  
Name of Person

SOUTHERN XPOSURE LLC  
Firm/Company

2111 UNIVERSITY BLVD  
Address

JACKSONVILLE FL.  
City/State and Zip Code

MAGICITYINC@yahoo.com  
E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

CRAIG SHACKELFORD at ( 904 ) 480-5539  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount: ALREADY SUBMITTED

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|--|--|

Mailing Address:  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

SOUTHEAN XPOSURE LLC

(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 6/19/2019 and assigned Florida document number L19000161174.

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:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**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:

CRAIG SHACKELFORD

New Registered Office Address:

2111 UNIVERSITY DR

*Enter Florida street address*

JACKSONVILLE

*City*

Florida

32211

*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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CRAIG SHACKELFORD	2111 UNIVERSITY DR	<input checked="" type="checkbox"/> Add
		JACKSONVILLE FL. 32211	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JALAAL DAVIS	2111 UNIVERSITY DR	<input checked="" type="checkbox"/> Add
		JACKSONVILLE FL. 32211	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARK CORBITT	2111 UNIVERSITY DR	<input type="checkbox"/> Add
		JACKSONVILLE FL.	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(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.

Dated APRIL 16, 2020

Signature of a member or authorized representative of a member

CRAIG SHACKELFORD

Typed or printed name of signee

**Filing Fee: \$25.00**