

L19000 228675

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

RECEIVED
MAY 08 2023

Office Use Only



000405218330

07/19/23--01005--003 **29.00

2023 JUN 14 PM 9:51



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 26, 2023

DAVID EDDY
D.A. EDDY, PLLC
648 NE 3RD AVENUE
FORT LAUDERDALE, FL 33304 US

SUBJECT: SOUTHERN FINANCIAL STRATEGIES HOLDINGS, LLC
Ref. Number: L19000228675

We have received your document for SOUTHERN FINANCIAL STRATEGIES HOLDINGS, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

The fee to file your limited liability company document is \$25. Please include an additional \$30 for each certified copy (optional) requested and an additional \$5 for each certificate of status (optional) requested.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Antoinette A Gonzalez
Regulatory Specialist II

Letter Number: 823A00014375

2023 JUN 14 PM 5:51

RECEIVED
JUL 14 2023

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: SOUTHERN FINANCIAL STRATEGIES HOLDINGS, 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:

David Eddy

Name of Person

D.A. Eddy, PLLC

Firm/Company

648 NE 3rd Avenue

Address

Fort Lauderdale, FL 33304

City/State and Zip Code

tpc@biolabglobal.com

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

For further information concerning this matter, please call:

David Eddy

954 527-4111
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 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

SOUTHERN FINANCIAL STRATEGIES HOLDINGS, 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 9/10/2019 and assigned Florida document number L19000228675.

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)

6815 Biscayne Blvd.

Ste 103-331

Miami, FL 33138

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6815 Biscayne Blvd.

Stc 103-331

Miami, FL 33138

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
City

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

[illegible]

(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 authorized representative of a member

Signature of a member or authorized representative of a member

Timothy Paul Columbus
Typed or printed name of signer

Typed or printed name of signee

Filing Fee: \$25.00