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JUN 10 2020 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT: Southe	Name of Limi	on Sull-fants, LLC ted Liability Company	, <u> </u>
The enclosed Articles of Am	nendment and fee(s) are subi	nitted for filing.	
Please return all corresponde	ence concerning this matter t	to the following:	
	Amy Ger	Name of Person	
	Southeast (Tode Consultan	ts, LLC,
	614 E HWY 50, STE 1	30	
		Address	
	CLERMONT,FL 3471	1	
		City/State and Zip Code	
	504 Least cud	c & g mail, com	ication)
For further information cond			,
Amy Gern	19	at (407) 4 2.7- Area Code Daytime	3685
Name of Pe	erson	Area Code Daytime	Telephone Number
Enclosed is a check for the t	following amount:		
划 \$25.00 Fiting Fee	S30.00 Fifing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Fiting 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

	OF	
Southeast Con	ited Liability Company as it now appears on (A Florida Limited Liability Company)	
(Name of the Lim	ited Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited I	Liability Company were filed on $\frac{\sqrt{2000}}{15961}$.	eary 9, 2020 and issigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name \wedge / A	· · · · · · · · · · · · · · · · · · ·	
The new name must be distinguishable and contain the	words "Limited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cahle:	
Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	<u> </u>	
B. If amending the registered agent and/or agent and/or the new registered office addr		ds, enter the name of the new registered
Name of New Registered Agent:	NIA	·
New Registered Office Address.	Enter Florida s.	treet address
		, Florida Zip Code
	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

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
<u>m GR</u>	Jeremy Shane Gerwig	10775 Siena Dr	\ X Add
		10775 Siena Dr Cler mont, FL 34111	□Remove
			□Change
			□Add
			□Remove
			Change
			□ Add
			□Remove
			□ Change
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i effective date is te: If the date i		ecific and cannot be poes not meet the ap	prior to date of filing of plicable statutory t	or m <mark>ore than 90 days a</mark>	ptional) fter filing.) Pursuant to 60 this date will not be lis	
cord specifies a stiled.	delayed effective date	, but not an effectiv	ve time, at 12:01 a.	m. on the earlier of	: (b) The 90th day att	er the
o med.	ion	2012	()			
	18	, <u>7.00</u>	 ·			
	18 CLMLP K Signa	Geman	Authorized remesents	itive of a member		