

L20000212858

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

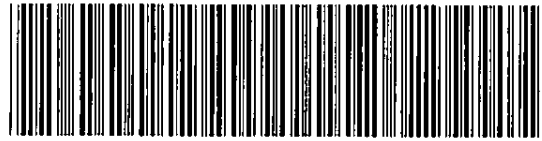
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOUTH CITY ENTERPRISES, 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:

Nicholas Persad

Name of Person

SOUTH CITY ENTERPRISES, LLC

Firm/Company

P.O. Box 740912

Address

Boynton Beach, FL 33474

City/State and Zip Code

CITY.SOUTH.LLC@GMAIL.COM

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

For further information concerning this matter, please call:

Nicholas Persad

954

261-1936

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

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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	Lydell Morrison	2860 Melaleuca Blvd	<input type="checkbox"/> Add
		Port Saint Lucie, Fl 34952	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Amelia Persad	6400 Boynton Beach, Blvd. Unit#740912	<input type="checkbox"/> Add
		Boynton Bch, Fl 33474	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Nicholas Persad	6400 Boynton Beach, Blvd. Unit#740912	<input checked="" type="checkbox"/> Add
		Boynton Bch, Fl 33474	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Please remove Lydell Morrison and replace with Nicholas Persad.

Please also update the address to 6400 Boynton Beach, Blvd. Unit#740912 Boynton Bch, FL 33474

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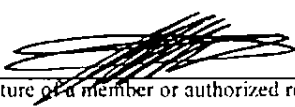
E. Effective date, if other than the date of filing: 12/1/2024 (optional)

(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 December 12, 2024



Signature of a member or authorized representative of a member

Nicholas Horace Persad

Typed or printed name of signee

Filing Fee: \$25.00