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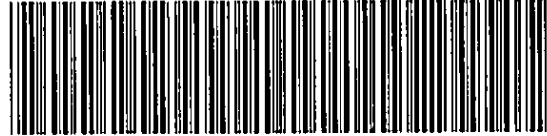
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**DATE: 11/28/2023**

**NAME: SOUTHEASTERN INSTALLS, L.L.C.**

**TYPE OF FILING: AMENDMENT**

**COST: 25.00**

**RETURN: PLAIN COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE** 

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SOUTHEASTERN INSTALLS, L.L.C.

\_\_\_\_\_  
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:

KERRY ANNE SCHULTZ

\_\_\_\_\_  
Name of Person

SCHULTZ LAW GROUP, P.L.L.C.

\_\_\_\_\_  
Firm/Company

2779 GULF BREEZE PARKWAY

\_\_\_\_\_  
Address

GULF BREEZE, FLORIDA 32563

\_\_\_\_\_  
City/State and Zip Code

KASCHULTZ@SCHULTZLAWGRP.COM

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

For further information concerning this matter, please call:

KERRY ANNE SCHULTZ

850 754-1600  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <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**

SOUTHEASTERN INSTALLS, L.L.C.

(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 11/16/2020 and assigned  
Florida document number L20000351988.

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)

3455 DR. MARTIN LUTHER KING DR.

PENSACOLA, FLORIDA 32503

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3455 DR. MARTIN LUTHER KING DR.

PENSACOLA, FLORIDA 32503

**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

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>
MBR	Christopher Scott Snowden	3455 DR. MARTIN LUTHER KING DR.	<input checked="" type="checkbox"/> Add
		PENSACOLA, FLORIDA 32503	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	Stacy Marie Snowden	3455 DR. MARTIN LUTHER KING DR.	<input checked="" type="checkbox"/> Add
		PENSACOLA, FLORIDA 32503	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CHARLES H. TONER, JR	2945 BAY STREET	<input type="checkbox"/> Add
		GULF BREEZE, FLORIDA 32563	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	Charles H. Toner & Valerie Toner	2945 BAY STREET	<input type="checkbox"/> Add
		GULF BREEZE, FLORIDA 32563	<input checked="" 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

[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

Charles H. Towner, Jr.

Typed or printed name of signer

**Filing Fee: \$25.00**