L20000394534

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:

TO: Registration S Division of Co			
	Rep Services LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Irwin Hass		
		Name of Person	
	Southeast Rep Services Ll	LC	
		Firm/Company	
	132 Broyles Drive SE		
		Address	
	Palm Bay 32909		
		City/State and Zip Code	
	Irwin.Hass@yahoo.com		
	E-mail address:	to be used for future annual report not	ification)
For further information	concerning this matter, please o	all:	
Irwin Hass		404 4086653	
Name	of Person		ne 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)
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Se	action
Division of (Division of Co	
P.O. Box 633	27	The Centre of	
Tallahassee.	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Southeast Rep Services LLC			
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited I	Liability Compan	y were filed on December 16, 2020	and assigned
orida document number 1.20000394534			
nis amendment is submitted to amend the fol	lowing:		
If amending name, enter the new name	of the limited lia	bility company here:	
/A			
e new name must be distinguishable and contain the	words "Limited Liab	oility Company," the designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if appli	cable:	N/A	
rincipal office address MUST BE A STRE	ET ADDRESS)		
			920
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		N/A	FIL DEC 30
			
. If amending the registered agent and/or gent and/or the new registered office addro		address on our records, enter the na	
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
-	-	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 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
MGR	Irwin Hass	132 Broyles Dr SE	□Add
		Palm Bay FL 32909	■Remove
			□Change
MBR	Irwin Hass	132 Broyles Dr SE	≣ Add
		Palm Bay FL 32909	□Remove
			□Change
			是ddi DFC 证Bernove
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		 ,	□Remove
			□Change

	
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tive date, if other than the date of filing: [Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days.] If the date inserted in this block does not meet the applicable statutory filing requirements, nent's effective date on the Department of State's records.	optional) after filing.) Pursuant to 605.0 , this date will not be listed
rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o iled.	f: (b) The 90th day after t
December 29 2020	
December 29 2020 Signature of a member or authorized representative of a member	
Signature of a member or authorized representative of a member	

Filing Fee: \$25.00