L21000034444

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COVER LETTER

	stration Sec sion of Corp						
SUBJECT:	Southard Rea	al Estate LLC		*	3 3.	.2	≠ 1 1
SUBJECT: _		Name of Lim	ited Liability Company				
The enclosed a	Articles of A	mendment and fee(s) are sub-	mitted for filing.				
Please return a	ill correspon	dence concerning this matter	to the following:				
		Walter A. Southard Jr.					
			Name of Person				-
		Southard Real Estate LLC					
			Firm/Company				_
		3439 Diamond Falls Circle	:				
			Address				-
		Land O' Lakes, Florida 346	538				
			City/State and Zip C	ode			-
		southardwalter@gmail.com	to be used for future and	nual report no	tification)		
For further inf	ormation co	ncerning this matter, please co		,			
Walter A. Sou	ithard Jr.		727 at ()	364-7827			
	Name of	Person	Area Code	Daytii	me Telepho	one Numbe	r
Enclosed is a	check for the	e following amount:					
□ \$25.00 Fil	ling Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing I Certified Cop (additional copy i	y		Certified	ate of Status &
	ing Address istration So			et Address: istration Se	ection		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1

Southard Real Estate LLC		
(<u>Name of the Limited Liabil</u> (λ Florid	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability California document number L21000034444	Company were filed on 01-15-2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
Walter Southard Jr LLC		
he new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
•	DECC)	
<u>Principal office address MUST BE A STREET ADD</u>	<u>KESS)</u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		- 25
3. If amending the registered agent and/or registered	ed office address on our records, <u>enter the nar</u>	ne of the new registe
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		- B 5
The Hand of the Hands.	Enter Florida street address	
	, Florida	့ မ ့
	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
			□Add
			Remove
			□Change
			□Add
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			☐ Change
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Effective date, if other than t fan effective date is listed, the date is Note: If the date inserted in this locument's effective date on the	nust be specific and block does not m	cannot be prior to neet the applicabl	date of filing or more e statutory filing r	(optiona than 90 days after filir equirements, this da	ig.) Pursuant to 605.020
record specifies a delayed effect is filed.	tive date, but not	an effective time	, at 12:01 a.m. on	the earlier of: (b)	The 90th day after th
February 10		2021	1		
vated	_	<i>へ</i> フ	/	/	*
Dated	1	4		A.	1

Filing Fee: \$25.00