## 122000224642

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## **COVER LETTER**

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Registration Section

Tallahassee, FL 32314

TO:

Division of Corp	oorations		
	es, LLC		
SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	Kayla Hershberger		
		Name of Person	<del></del>
	Southern Tees, LLC		
		Firm/Company	
	Name of Person		
		Address	
	Sebastian, FL 32958		
		City/State and Zip Code	
			(Cation)
For further information c	oncerning this matter, please ca		
Kayla Hershberger			
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	_	Certified Copy	Certificate of Status &
Mailing Addre			ction
Registration Section Division of Corporations		Division of Cor	porations
P.O. Box 632		The Centre of T	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Southern Tees, LLC

(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 Co	ompany were filed on 5/12/2022	and assigned
Florida document number 1.22000224642		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR.	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter t	ne name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		rida
	City	Zip Coxle

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>	Name	<u>Address</u>	Type of Action
MGR	Amanda Hackford	8585 101st CT	
-		Vero Beach, FL 32967	<b>≣</b> Removc
			Change
MGR	Kayla Hershberger	8585 101st CT	
		Vero Beach, FL	□Remove
			□Change
			□Add
			Петюче
			Change
			Remove
			Change
			□Add
			Петоve
			□Change
			□Add
			□Remove
		_	Change

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reffective 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 605.0 te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lister tument's effective date on the Department of State's records.	ecord specifies a dis filed.	lelayed effective date,	, but not an effec	tive time, at 12:	01 a,m, on the e	arlier of: (b) T	The 90th day at	ter the
te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listent tument's effective date on the Department of State's records.  Second specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	July 4th			_//				

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Filing Fee: \$25.00