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## **COVER LETTER**

Registration Section

TO:

Division of Corp	orations		•
SUBJECT:	SOUTHERN C Name of Lim	ROSS HOLDINGS ited Liability Company	s, LLC "
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	P	Name of Person	<del></del>
	REGIST	ERED AGENTS Firm/Company	INC
	7901	4th St. N S	inte 300
	St Pet	City/State and 2p Code  Offorda Vegi Ster to be used for future annual report no	33:702
	E-mail address: (	O Florida Vegi Ster	edagents.com
For further information cor	ncerning this matter, please co	all:	
Andrea Name of	Stockert Person	at (786) 877 Area Code Dayti	— 4787 me 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 So	ection	Street Address: Registration S	
Division of Co P.O. Box 6327		Division of Co The Centre of	-
Tallahassee, F			oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Southe	en Ctex	35 Hours	NGS LL	i
( <u>Name of the Limited L</u> (A F	iability Company as Iorida Limited Liabili	it now appears on ou ty Company)	r records.)	
The Articles of Organization for this Limited Liabil Florida document number	ity Company were	<u>M</u>	May 5/20	22 and assigned
This amendment is submitted to amend the following	ig:			
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 Co	ompany," the designati	on "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable		_		
(Principal office address MUST BE A STREET A	DDRESS)	599 Mor	10, FL, 3	3037
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u> </u>			
B. If amending the registered agent and/or regis agent and/or the new registered office address he		ess on our records	s, enter the name	e of the new registere
Name of New Registered Agent:	<del> </del>			
New Registered Office Address:		Enter Florida stre	et address	
			, Florida	
_	(	City	,	Zip Code
New Registered Agent's Signature, if changing Regis	stered 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>	Address	Type of Action
MGR	HIDDEN KEY MARINA, LU	c 7901 4th STN STE 5564	_ □Add
		St. Petersberg, FL 33702	Remove
			□Change
MGR	ANDREA STOCKETT	599 MORRIS AVE	[\\Add
		KEY LARGO, FL, 3303	Remove
			□Change
			□Add
			□ Remove
			□Change
			🗆 Add
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(If an effecti Note: If t	date, if other than the date of filing:	
he record spord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after.	er the
Dated	July 29 2022 Dela Dela Dela Dela Dela Dela Dela Dela	
	Signature of a member or authorized representative of a member	

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