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SECRETARY OF STATE OF STATE OF SORPORATION

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Southern ost Roperty Maintenance Lability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing
Please return all correspondence concerning this matter to the following:
Name of Person
Southernmost Property maintenance
156 golf Club Drive laywes+ FL 33040
They west FLORIDG 33040 City/State and Zip Code
South ecum ost PM & Gmsil, com.  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person  Name of Person  Name of Person  Name of Person  Area Code  Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$60.00 Filing Fee. \$\Bigcup \$60.00 Filing Fee. \$\Bigcup \$Certificate of Status & Certified Copy (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

Southernmost	t tropesty main	Henance
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) inted Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on 7/11/3032	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited  Southes Nmost tope The new name must be distinguishable and contain the words "Limited"		CL LL C
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SECRETARY OF SECRETARY OF 2022 AUG -1 AM
B. If amending the registered agent and/or registered of	Tice address on our records, enter the nam	IMIS R
agent and/or the new registered office address here:	<u></u>	- 15. 
Name of New Registered Agent		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	Cuy	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>	Address	Type of Action
MGR	jan Claude D Abril		□Add
	·		□Remove
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nGR_	Jon Abril	6840 Front St Keywest FL 3304	C MAdd
			□Remove
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lf am	ending any other information, enter change(s) here: (Attach additional sheets. if necessary.)		
	Removing the Quote Symbols Fr	<b>∵</b> ∕∕	$\sim$
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1115		<u>, ,                                   </u>	
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lf an e	tive date, if other than the date of filing: (optional)  ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Prior to date of filing or more than 90 days after filing.)		
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date wi nent's effective date on the Department of State's records.	ll not b	e listed as
doca	neith 5 cheeding date on the preparation of State 5 records.		
ne reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a m. on the earlier of: (b) The 9 filed.	Oth day	after the
Dated	1 7/27/22		
	the Chames		
	Signature of a member or authorized representative of a member		_
	Lisa Kramer		
	1 sea la Minist		