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(NU)
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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TO:	Registration S Division of Co		&		₹ 'Ang
CHD H	Southern S	itates Realty Group, LLC			
NODAT	<u></u>	Name of Lit	nited Liability Company	11-1	_
The en	closed Articles of	Amendment and fee(s) are sul	bmitted for filing.		
Please	rcturn all correspo	ondence concerning this matter	to the following:		
		Leigh Ann Billsten			
			Name of Person	 	
		Southern States Realty Gr	oup, LLC		
		4.	Firm/Company		
		15430 County Road 565A	, Suite I		
Surfice: Southern States Realty Group. LLC					
Groveland, FL 34736					
			•		
					_
For furt	her information c		·	ification)	
Leigh A	Ann Billsten		352 932-3353		
Name of Person			ne Telephone Num	ber	
Enclose	d is a check for th	ne following amount:			
☐ \$25	.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy	Certifi Certifi	Filing Fee, icate of Status & ied Copy mat copy is enclosed)
		Section orporations 7		rporations Fallahassee oc Street, Suite	e 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Southern States Realty Group, LLC		
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our records da Limited Liability Company)	<u></u>)
The Articles of Organization for this Limited Liability	Company were filed on 1/18/2023	and assigned
Florida document number 1.23000032935		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
		() () ()
Enter new mailing address, if applicable:		.)
(Mailing address MAY BE A POST OFFICE BOX)		7.7
		<u></u>
		n O
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, <u>enter t</u>	he name of the new register
Name of New Registered Agent:	<u></u>	
New Registered Office Address:		
New Negisieren Office Address.	Enter Florida street address	
	, Flor	rida
	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 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
Officer	Nels P. Billsten	15430 County Road 565A	
		Suite I	_
		Groveland, FL 34736	Change
			□ Add
			□ Remove
			□ Change
<u>-</u> _			□ Add
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an effective date is ote: If the date i	other than the clisted, the date must inserted in this bloom	be specific and ck does not m	cannot be prior the eet the application	o date of filing or ble statutory fil	more than 90 days a	ptional) ifter filing.) Pursua this date will no	nt to 605.020 t be listed a
cument's effecti	ve date on the Dep	nartment of St	.ate's records.				
ecord specifies a is filed.	delayed effective	date, but not a	an effective tin	ne, at 12:01 a.m	. on the earlier of	: (b) The 90th c	day after the
November I	6		2023				
		In P) 211861M	1			