

L230000110 231

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700409031667

05/19/23--01015--016 **60.00

2023 05 19 PM 04:19

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOUTHERN VENTURE LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

EIKRA L.A.
Name of Person

SOUTHERN VENTURE
Firm/Company

4400 NE 5TH AVE
Address

ORLANDO FL 32834
City/State and Zip Code

EIKRA.L.A. @ SOUTHERN VENTURE.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EIKRA L.A. at (407) 333-1111
Name of Person Area Code Daytime 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 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**

SOUTHERN BEZ 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 Company were filed on 3.3.23 and assigned Florida document number L2300011023

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

4400 N.E. STA AVE
CANAL PARK 33334

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4400 N.E. STA AVE
CANAL PARK 33334

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

STEWART COHEN JR

New Registered Office Address:

4400 N.E. STA AVE

Enter Florida street address

CANAL PARK

City

Florida

33334

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.

[Signature]
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>	<u>Address</u>	<u>Type of Action</u>
MGR	Sherry Taylor	3400 N. D. Street	<input type="checkbox"/> Add
		1000 E. 10th Ave	<input checked="" type="checkbox"/> Remove
		FL 32011	<input type="checkbox"/> Change
MGR	ELKA CAR	4400 N. E 5TH AVE	<input type="checkbox"/> Add
		1000 E. 10th Ave	<input type="checkbox"/> Remove
		33334	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

PLEASE ADD EIN NUMBER ~~12~~
92-3898844

RECEIVED
JUN 19 2019
6:16 PM

E. Effective date, if other than the date of filing: 5.5.23 (optional)
(If an effective 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 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 5.5.23

Erika Carr
Signature of a member or authorized representative of a member

Erika Carr
Typed or printed name of signee