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COVER LETTER

	gistration Sec rision of Corp				202
SUBJECT:	SOUTHERN	N BARNDOMINIUMS LLC			<u> </u>
ocbober.		Name of Lim	ited Liability Company		
					PA
The enclosed	d Articles of A	Amendment and fee(s) are sub	mitted for filing.		ယ္
Please return	all correspor	ndence concerning this matter	to the following:		80
		Nelson A. Sawyer, Sr.			
	Name of Person				_
		SOUTHERN BARNDOM	TNIUMS LLC		
			Firm/Company		-
		3415 16TH TERRACE			
			Address		-
KEY WEST, FL 33040					
			City/State and Zip Code		_
		E-mail address: (to be used for future annual report notif	ication)	
For further is	nformation co	oncerning this matter, please ca	all:		
Nelson A. S	awyer, Sr.		305 393-6319		
	Name of	Person		Telephone Number	T
Enclosed is a	a check for th	e following amount:			
≡ \$ 25.00 t	Filing Fec	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &

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

2023 JUL -5
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SOUTHERN BARNDOMINIUMS 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 06/19/2023 and assigned

L23000293663

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	Address	Type of Action
AMBR	Nelson A. Sawyer, Sr.	3415 16TH TERRACEKEY WEST, FL 33040	= Add
			□Remove
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Tective date, if other than the date of filing:	ne applicable :		e than 90 days a		
record specifies a delayed effective date, but not an efficient is filed.	fective time, a	it 12:01 a.m. on	the earlier of:	(b) The 9	Oth day after ti
ated June 28th, 202					
1 0- 11					
Signature of a member	r of authorized	representative o	f a member		·

Filing Fee: \$25.00