

L23000379423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

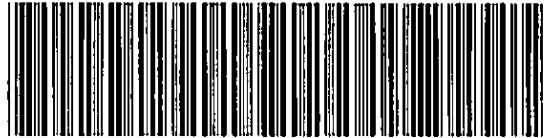
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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2023 OCT -6 PM 4:40

REC'D VED

2023 OCT -6 PM 4:09

RECEIVED
TAMPAH COUNTY CLERK



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I200000000088

Date: 10/06/2023

Name: Jennifer

Reference #: 2147691

Entity Name: SINGLE FAMILY COMMUNITIES SOUTHEAST, LLC

☐ Articles of Incorporation/Authorization to Transact Business

☒ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other Upon filing please provide a certified copy

Authorized Amount: 25.00

Signature: 

2023 OCT 6 PM 12:40

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SINGLE FAMILY COMMUNITIES SOUTHEAST, 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:

Kathleen Mackay

Name of Person

Ginsberg Jacobs LLC

Firm/Company

300 S. Wacker Drive, Suite 2750

Address

Chicago, IL 60606

City/State and Zip Code

kmackay@ginsbergjacobs.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathleen Mackay

Name of Person

at (**815**)

Area Code

483-9851

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

2023 Oct-6 PM 12:40

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	WILLIAM J. PULTE	230 SOUTH DIXIE HIGHWAY	<input type="checkbox"/> Add
		BOCA RATON, FL 33432	<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
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

2027-01-05 Fri: 140

E. Effective date, if other than the date of filing: _____ (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 October 6, 2023

Signature of a member or authorized representative of a member

Florida Neighborhoods LLC, By: William J. Pulte, Manager

Typed or printed name of signee