## L23000423936

Office Use Only



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## **COVER LETTER**

Registration Section Division of Corporations

TO:

suвject: <u>50</u>	uthern Toro	Ch LLC ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Daniel Southern	Bridges Name of Person		
	Southern	Torch		
		Firm/Company		رب. د
	5510 15	In ave 5		023 SEI SECRE
	GULFPORT	Address  Address  FL 3376  City/State and Zip Code  23566 GM211  to be used for future annual report notif	·7	P 18 4
	DanielBri E-mail address: (	City/State and Zip Code  2350 6 mail to be used for future annual report notif	, Lom	NO:56
For further information c	oncerning this matter, please ca			
Daniel	Bridges	at <u>404</u> 759 - Daytimo	- 4885 Telephone Number	
Enclosed is a check for the	ne following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I	Section forporations 7	Street Address: Registration Sec Division of Con The Centre of T 2415 N. Monroo Tallahassee, FL	porations allahassee e Street, Suite 8	10

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Southern Tor	TO L L C
(A Florida Limite	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L 2 3 000 4 239</u> ,34	ny were filed on $9 - 12 - 23$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	ability 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)	
	SEP SEP
	27 8
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	m. 6
	<u>πΕ σ</u>
B. If amending the registered agent and/or registered offic	e 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:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
<del></del>	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 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
MOR	Daniel Bridges	5510 1sth Ave S.	I≥∕Add
		Gulfport, FL 33707	□Remove
			□Change
			□Add
			□Remove
		Tico	Change
			Change  Change
		្រុក ក្រុក ក្រុក	G GRemove
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effective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date of filing or more than see. If the date inserted in this block does not meet the applicable statutory filing requires		
iment's effective date on the Department of State's records.	ements, this date w	in not be listed
ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea	artion of the The	Outh day after th
filed.	arrier or, (b) The	70th day after ti
d 9-12-2023		
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