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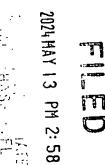
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to F	lling Officer:	
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COVER LETTER

TO: Registration Se Division of Cor					
TA&TG E	nterprises				
sobject.	Name of Lin	nited Liability Company			
	Amendment and fee(s) are sub ondence concerning this matter	-			
	Thomas Aldridge				
		Name of Person		-	
		Firm/Company		-	
	640 4th place Unit 103				
	1	Address		20	
	Vero Beach, FL 32960			124 H.	
	taldridge86@yahoo.com	City/State and Zip Code		2024 HAY 13	,
		to be used for future annual report noti	fication)	S P R	
	concerning this matter, please c			2. 5	
Thomas Aldridge	<u> </u>	772 473-5183 at ()		∞	
Name o	of Person	Area Code Daytim	e Telephone Number	r	
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$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

TA& ICI Enterprises LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records. Liability Company)	.)
The Articles of Organization for this Limited Liability Company Plorida document number L24000 (55037)	were filed on 03/26/2024	and assigned
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liab	ility company here:	
South Eastern Enterprises LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	640 4th Place Unit 103	202
Principal office address MUST BE A STREET ADDRESS)	Vero Beach, FL 32960	2024 HA
		همان اهمان سد در
inter new mailing address, if applicable:	640 4th Place Unit 103	3 PH
Mailing address MAY BE A POST OFFICE BOX)	Vero Beach, FL 32960	
		
If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	uddress on our records, <u>enter t</u>	he name of the new regist
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	City	Zin 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
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			□Remove
			□Change
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of	(optional)	2 0 2 0 .
e: If the date inserted in this block does not meet the applicable sta		
ument's effective date on the Department of State's records.		
cord specifies a delayed effective date, but not an effective time, at	12:01 a.m. on the earlier of: (b) The 90th day after	er the
s filed.		
05-01-2024		
ed 05-01-2024 Ohan adhin Signature of a member or authorized re		
Ofan alshin		
Circultura of a manch or as authorized and	prizesentative of a member	

Filing Fee: \$25.00