## 24000211414

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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**CAPITAL CONNECTION, INC.**417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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Land South Properties and Management LLC	]
Please Debit FCA000000003 For: 25	
Thank you Seth Neeley	
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- Hely	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art, of Amend, File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
Signature /	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
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Name Date Time	UCC 11 Retrieval
Walk-In Will Pick Up	Courier
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## **COVER LETTER**

TO: Registration Sc Division of Cor			
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SUBJECT: LAND SOL	JTH PROPERTIES MANAGI	EMENT, LLC	
	Name of Lin	ited Linbility Company	
The enclosed Articles of	Amendment and fee(s) are sub	muted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	JOHN J. LANCASTER		
		Maine of Person	
		5 41-d D b	
	Clark, Campbell, Lancusto	r, Workman, & Airth, P.A.	
		Firm/Company	
	500 S Florida Avenue, Sui	ita 800	
		Address	
	Lakeland, FL 33801		
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
	jlaneaster@clarkeampbell-l	to be used for future annual report nots	fig.ation)
	reman address. (	in the discussor to the property of	
For further information co	oncerning this matter, please c	at):	
John J Lancaster		at ( 863 ) 647-5337	
	[Persun	at ( 863 ) 647-5337 Area Code Daytim	e Telephone Number
er traditional facilities	o fallowing agences		
Enclosed is a check for th	te following amount.		
S25.00 Filling Fee	☐ \$30.00 Filing Fee &	(1) \$55,00 Filing Fee & Certified Copy	☐ \$60.00 Fiting Fee, Certificate of Status &
	Certificate of Status	(additional copy of enclosed)	Certified Copy
			(additional copy is enclosed)
		P4 + 1 + 1 + 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
Mailing Address		Street Address: Registration Sec	ction
Registration S		Division of Cor	

Division of Corporations P.O. Box 6327 Taliahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



July 19, 2024

CAPITAL CONNECTION, INC.

SUBJECT: LAND SOUTH PROPERTIES AND MANAGEMENT, LLC Ref. Number: L24000211414

We have received your document for LAND SOUTH PROPERTIES AND MANAGEMENT, LLC and your check(s) totaling S. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the LLC must be listed how it appears on DOS records.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan Regulatory Specialist III

Letter Number: 924A00015832



## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2024 JUL 19 AM 9: 54

TALLAHASSEE, FLORIDA Land South Properties and Management LLC (X Florida Liability Company as it now appears on one records.)
(A Florida Landed Liability Company) The Articles of Organization for this Limited Liability Company were filed on May 6, 2024 and assigned Florida document number L24000211414 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "Lf.C" or the aborevision "Lf.C." 4701 Old Rd 37 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) PO Box 6165 Enter new mailing address, if applicable: Lakeland, Fl. 33807 (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address 

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appaintment 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 Type of Action Address **Title** Name Mighan West P.O. Box 10/165 DAdd Lakeland Fl 33807 XRemove PO BOX WIGS OCHange Robert F. HarperlV Lakeland Fl 33807 XAND Mar

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record specifies a delayed effective is filed.	date, but not an effective tin	ne, at 12:01 a.m. on the c	earlier of: (b)	The 90th	day after th
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Filing Fee: \$25.00