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## **COVER LETTER**

TO:

**Registration Section** 

Tallahassee, FL 32314

Div	ision of Cor	porations		
	South Pad,	LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Thomas R. Jones		
			Name of Person	
		South Pad, LLC.		
			Firm/Company	
		1615 Mercury Street		
			Address	
		Merritt Island, FL 32953		
			City/State and Zip Code	
		tom@florida-re.com	to be used for future annual report no	
For further i	nformation c	e-mail address: (		uncationy
Thomas R.		oncerning with market, pressed of	407 857-0010	
		f Person	at () Area Code Daytir	me Telephone Number
12 1 1	3 1 C d	6 D. day and out		
		ne following amount:	Figer on pill prog	D 600 00 PH - P.
<b>■</b> \$25,00 I	filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Ma	iling Addres	s:	Street Address:	
Re	gistration S	Section	Registration Se	
	vision of C D. Box 632	Corporations 7	Division of Co The Centre of	•
	~ a bur \$1/15 \$1 \$1 \$1	• •	1110 0011110 171	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

South Pad, LLC		CCS
(Name of the Limited Liability Compa (A Florida Limited I.	ny as it now appears on our records.) .iability Company)	- 2624007 15 A.713: 11
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000414333</u>	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, enter the I	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	l
<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 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
AMBR	Julie Ann Jones	1615 Mercury Street, Merritt Island, FL 32953	<b>=</b> Add
			□Remove
			□Change
AMBR	Chelsea R. Jones	405 Ursa Ave, Merritt Island, FL 32953	🗏 Add
		<del></del>	□Remove
			□Change
<del></del>			🗆 Add
			□Remove
		<del>-</del>	□Change
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			□Remove
			□Change

<u> </u>		
<u></u>		
an effective date is listed, the date of	e date of filing:	fter filing.) Pursuant to 605.020
record specifies a delayed effect I is filed.	ve date, but not an effective time, at 12:01 a.m. on the earlier of:	(b) The 90th day after the
	2024	
October 07	<u></u>	
ated October 07	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00