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Office Use Only



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COVER LETTER

Division of Corporations
SUBJECT: Southeast Centers L.C. 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:
Name of Person
Southeast Centers, L.L.C.
1541 Suset Drive, Ste 300
Cocal Gables, FL 33143 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mane of Person at 305 Lele Lo - 214 O Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & \Bigcup \\$55.00 Filing Fee & \Bigcup \\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) \$\Bigcup \\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Southeast	- Cent	ecs L.	L.C.		
(Name of the Limite	d Liability Compa A Florida Limited I	ny as it now appears on Liability Company)	our records.)		
The Articles of Organization for this Limited Lia	ability Company	were filed on\	1 1999	and as:	signed
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liab	ility company here:			
The new name must be distinguishable and contain the wo	ords "Limited Liabil	ity Company," the design	ation "LLC" or the a	bbreviation "L	.L.C."
Enter new principal offices address, if applica	ıble:				- <u>S</u> -
(Principal office address MUST BE A STREE)	Γ ADDRESS)				SEC.
				<u>~~</u>	OF RE
				70	CORP CORP CORP CORP CORP CORP CORP CORP
Enter new mailing address, if applicable:					02 S
(Mailing address MAY BE A POST OFFICE BOX)				ភ័	- 1
					<u>'n</u>
B. If amending the registered agent and/o	or registered of	Tice address on ou	r records, enter	the name	of the new
registered agent and/or the new registered of					
	NN ~ *	3 - N G			
Name of New Registered Agent:	11/A		>oucher		
New Registered Office Address:	1541	Suget Enter Florida s	DCive treet address	<u>Ste 3</u>	00
	Coral (soldes	, Florida _	<u>3314</u>	.3
N D		Cîţv		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

MGR = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Gerald M. Higier	1541 Sunset Drive, ste 300	DDA 🗆 🔼
		Cocal Gables, FL 33143	Remove
			Change
AMBR	Todds Levine	1541 Sunset Drive, Ste 30	<u>D</u> ⊠ Add
		Coral Gables, FL 33143	<u>}</u> □ Remove
			Change
MGR	Marc A. Boucher	1541 Sunset Drive, Ste 3	. ∭ ⊐ Add
		Coral Gables, FL 33143	□ Remove
			Change
<u></u>	-		□ Add
			□ Remove
			Change
			□ Add
			□ Remove
			Change
			□ Add
			_□ Remove
			☐ 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:

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Effective date, if other to fan effective date is listed, the			prior to date of fil	ing or more than 90 da	(optional)	uant to 605 (
Note: If the date inserted document's effective date	in this block doc	es not meet the a	pplicable statute	ory filing requireme	nts, this date will r	not be liste
	·					
ne record specifies a d The 90th day after t	delayed effection is	ctive date, bu	t not an effe	ctive time, at 12	2:01 a.m. on t	he earlie
-	-					
Dated May	9	1-12	018/			
,	M	ustea	λ			
	Signatu	ire of a member or	authorized repres	entative of a member		

Page 3 of 3

Filing Fee: \$25.00