115000003243

(Re	equestor's Name)		
(Ac	ldress)		
(Ac	ddress)		
(Ci	ty/State/Zip/Phone	e #)	
PICK-UP	TIAW 🔁	MAIL	
(Bı	usiness Entity Nan	ne)	
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to Filing Officer:			

Office Use Only



900273372879

HARBION OF BORFOR MISSE

15 JUN -9 AH II: 05 RECEIVED

15 JUN -8 AM 10: 13

JUN 1 0 2015 T HAMPTON

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

69115

NAME:

SOUTH EAST GROVES, LLC

TYPE OF FILING: AMENDMENT

COST:

55.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company		he Florida Department of		
State: South East Groves, LLC	·			
2. The Florida document number of this lin	mited liability company is: M150	00003243		
3. Jurisdiction of its organization: Delaward				
4. Date authorized to do business in Florid	la:	· · · · · · · · · · · · · · · · · · ·		
SECTION II (5-9 complete only the app				
5. New name of the limited liability compa	any: Southeast Groves, LLC			
•	(must contain "Limited Liability Co	mpany, ""L.L.C.," or "LLC.")		•
(If name unavailable, enter alternate name adopted for the consent of the managers or managing members adopting Company." "L.L.C." or "LLC.")	e purpose of transacting husiness in Florid the alternate name. The alternate name mu	a and attach a copy of the written st contain "Limited Liability		
6. If amending the registered agent and/or the new registered agent and/or the new registered Agent;	egistered office address on our raistered office address here:	ecords, enter the name of		
New Registered Office Address:		; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;		
	Enter Florida Street A	ddress		
		, Florida		
	Cin	Zip Code		
New Registered Agent's Signature, if change	ging Registered Agent:			
I hereby accept the appointment as register comply with the provisions of all statutes reduties, and I am familiar with and accept the provided for in Chapter 605, F.S. Or, if this registered office address, I hereby confirm writing of this change.	ed agent and agree to act in this elative to the proper and complete obligations of my position as a document is being filed to ment that the limited liability compan	te performance of my registered agent as North the last been notified has been notified has SS		7
	Changing Registered Agent, Standard of New R	- 		
7. If the amendment changes the jurisdiction	on of organization, indicate new	jurisdiction: FLORIAL	AM 10: 13	O
		——————————————————————————————————————	i Cu	

FL007 - 1/16-2015 Walters Charge Online

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "SOUTH EAST GROVES, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "SOUTHEAST GROVES, LLC", THE THIRD DAY OF JUNE, A.D. 2015, AT 2:09 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SOUTHEAST GROVES, LLC" WAS FORMED ON THE FIFTEENTH DAY OF APRIL, A.D. 2015.

5729117 8320

150892178

AUTHENT CATION: 2444891

DATE: 06-08-15

You may verify this certificate online at corp.delaware.gov/authver.shtml