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(Address)

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(City/State/Zip/Phone #)

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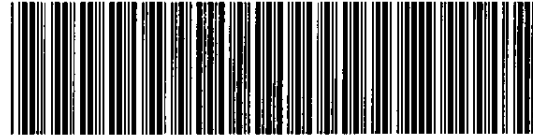
Special Instructions to Filing Officer:

**A. LUNT**

**NOV 15 2011**

**EXAMINER**

Office Use Only



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11/14/11--01044--014 \*\*30.00

**FILED**

**2011 NOV 14 PM 4:18**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

## COVER LETTER

TO: • Registration Section  
Division of Corporations

SUBJECT: Chicago South Development LLC  
Name of Limited Liability Company

2011 NOV 14 PM 4:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Glenn H. Hale

Name of Person

Chicago South Development LLC

Firm/Company

5840 Red Bug Lake Rd # 180

Address

Winter Springs, Florida 32708

City/State and Zip Code

csd1@cfl.rr.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Glenn H. Hale

Name of Person

at 407 221-1997

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

### MAILING ADDRESS:

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**

Chicago South Development LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 8/18/2008 and assigned  
Florida document number LO8000079025

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

n/a

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

n/a

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

n/a

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

Glenn H. Hale

New Registered Office Address:

5840 Red Bug Lake Rd #180

Enter Florida street address

Winter Springs

Florida

32708  
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 608, 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.*

G. Hale

**If Changing Registered Agent, Signature of New Registered Agent**

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

| Title | Name                 | Address                                            | Type of Action                                                             |
|-------|----------------------|----------------------------------------------------|----------------------------------------------------------------------------|
| CFO   | Checchio, Mellisa, D | 5840 Red Bug Ln Rd #10<br>Winter Springs, FL 32708 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
|       |                      |                                                    | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|       |                      |                                                    | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|       |                      |                                                    | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|       |                      |                                                    | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|       |                      |                                                    | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated 11/09/2011

*G. Hale*

Signature of a member or authorized representative of a member

Glenn H. Hale

Typed or printed name of signee

2011 NOV 14 PM 4:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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