LU900000656

(Re	equestor's Name)			
(Ac	ddress)			
(Ac	ddress)			
(C	ity/State/Zip/Phone #)			
PICK-UP	WAIT	MAIL		
(B	usiness Entity Name)			
(Document Number)				
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B. KOHR
AUG 1 6 2012
EXAMINER



200238372952

08/13/12--01011--020 **25.00

SECRETARY OF STATE DIVISION OF CORPORATION

COVER LETTER

TO:

	tration Section on of Corporations		
SUBJECT: _	Hall Souther	rn Construction LLC	
_	Name of Lim	ited Liability Company	
The enclosed A	Articles of Amendment and fee(s) are su	bmitted for filing.	
Please return al	Il correspondence concerning this matte	r to the following:	
		Alan Hall	12 HE 13 HR 81
		Name of Person	E OF CO
	Hal	Southern Construction	و من
		Firm/Company	
	3	539 Quail Ridge Drive	\$
		Address	~~~~
	C	Chipley Florida 32428	
		City/State and Zip Code	
	a	lancehall@gmail.com	
		(to be used for future annual report notificat	cion)
For further info	ormation concerning this matter, please	call:	
		at ()	
	Name of Person	Area Code & Daytime T	elephone Number
Enclosed is a c	heck for the following amount:	·	
₽ \$25.00 Filir	ng Fee \$\bigcip\$\$30.00 Filing Fee & Certificate of Status	S55.00 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	STREET/COURIER Registration Section	ADDRESS:
Division of Corporations Division of Co		Division of Corporation Clifton Building	ons
Tallahassee, FL 32314 2661 Executive Center Circle		er Circle	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	THERN CONSTRUCTION LLC		
(Name of the Lim	ited Liability Company as it now app (A Florida Limited Liability Compan)	ears on our records.)	
	(A Florida Limited Liability Company	y)	9/25
The Articles of Organization for this Limited	d Liability Company were filed on _	January 5, 2009	_and assigned
Florida document number L09000	000656		The same
	*		13 80
			J. 18
This amendment is submitted to amend the	following:		The state of the s
A. If amending name, enter the new nam	<u>e of the limited liability company l</u>	<u>here</u> :	ويم
The new name must be distinguishable and end	with the words "Limited Liability Cor	npany," the designation "Ll	LC" or the abbreviation
"L.L.C."			
Enter new principal offices address, if ap	olicable:		
- · ·			
(Principal office address MUST BE A STR	<u>EET ADDRESS)</u>		
		-	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFIC	CE PAV		
Muning university I BE A FUST OFFI			
	 		
B. If amending the registered agent as	nd/or registered office address o	n our rooards antar th	a name of the new
registered agent and/or the new registered	d office address bare.	n our recorus, <u>emer u</u>	ie name of the new
registered agent and/or the new registered	a office additess here.		
Name of New Registered Agent:			
THE OF THE PROPERTY OF THE PRO			
New Registered Office Address:			
		Enter Florida street addr	255
		, Florida	
	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 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.

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 <u>Title</u> <u>Name</u> **Address Type of Action** MGRM Jamie Hall 3539 Quail Ridge Drive ☐ Add Remove ☐ Add Remove Remove Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Alam Lance Hall
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00