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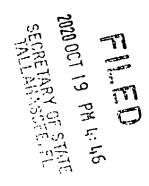
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: Registration S Division of Co | | | |
|--------------------------------------|--|--|---|
| Southern C | Concepts Contracting LUC | | |
| SOBILX, 1. | Name of Lin | nited Liability Company | |
| | Amendment and fee(s) are sub ondence concerning this matter | - | |
| | Rachel Stewart | | |
| | | Name of Person | |
| | Southern Concepts Contra | cting | |
| | | Firm/Company | |
| | 2328 Shipwreek Cir W | | |
| | | Address | <u> </u> |
| | Jacksonville, FL 32224 | | |
| | | City/State and Zip Code | |
| | rachel@southernconcepts.e | om to be used for future annual report notif | (outing) |
| For further information of | concerning this matter, please c | · | icanon) |
| Rachel Stewart | | 904 673-2353 | |
| Name (| of Person | at () Area Code Daytime | Telephone Number |
| Enclosed is a check for t | he following amount: | | |
| ■ \$25.00 Filing Fee | ☐ \$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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

FILED

2020 OCT 19 PH 4: 46

| Southern Concepts Contracting \hat{L} | -LC | SECRETA | RY OF STATE |
|---|--|--|----------------------------|
| (Name of the Lin | ited Liability Company as it (∧ Florida Limited Liability | t now appears on our records.) y Company) | MASSEL I |
| The Articles of Organization for this Limited Florida document number L13000108008 | Liability Company were | filed on 07/29/2013 | and assigned |
| This amendment is submitted to amend the fol | lowing: | | |
| A. If amending name, enter the new name | of the limited liability co | ompany here: | |
| The new name must be distinguishable and contain the | words "Limited Liability Con | npany," the designation "LLC" or | the abbreviation "L.L.C." |
| Enter new principal offices address, if appli | cable: | | |
| (Principal office address MUST BE A STRE | ET ADDRESS) | | |
| | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE | | | |
| B. If amending the registered agent and/or agent and/or the new registered office addre | registered office addres | s on our records, <u>enter the</u> | name of the new registered |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | 2328 Shipwreck Circle | | |
| | | Enter Florida street address | |
| | Jacksonville | , Florid | la <u>32224</u> |
| | Cit | ù. | Zıp 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 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 | Membe |

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|---------|----------------|
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| Effective date, if other than the fan effective date is listed, the date in Note: If the date inserted in this document's effective date on the | nust be specific and cannot be price block does not meet the appli | r to date of filing or mor cable statutory filing | (optional) te than 90 days after filing, requirements, this date |) Pursuant to 605.020 will not be listed a |
| | tive date, but not an effective | time, at 12:01 a.m. on | the earlier of: (b) The | e 90th day after th |
| record specifies a delayed effect d is filed. | | | | |
| October 14 | 2020 | | | |
| October 14 | · | · | | |
| October 14 Dated | e Je | <u> </u> | | |
| October 14 Dated | 2020 Signature of a member or auth | orized representative of | a member | |

Filing Fee: \$25.00