217000159042

| (Rec | questor's Name) | |
|---------------------------|-------------------|---------------|
| (Add | lress) | · |
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| (City | //State/Zip/Phone | · #) |
| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | Certificates | of Status |
| Special Instructions to F | Filing Officer: | |
| | J. HORNE | |
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Office Use Only



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COVER LETTER

| Div | ision of Cor | porations | | | |
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| eun mer. | SOUTH HO | OUSE DESIGN & BUILD, LL | С | | |
| SUBJECT: | Name of Limited Liability Company | | | | |
| The enclosed | l Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| | | indence concerning this matter | | | |
| | | | 3 | | |
| | | LESLIE MOORE LAWSO |)N | | |
| | | | Name of Person | | |
| | | | Firm/Company | | |
| | | 14955 NE JUANITA'S W | AY | | |
| | | | Address | · · · · · · · · · · · · · · · · · · · | |
| | | HOSFORD, FLORIDA 32 | 334 | | |
| | | | City/State and Zip Code | | |
| | | leslawson13@gmail.com | to be used for future annual report not | itication) | |
| For further in | nformation c | oncerning this matter, please of | - | | |
| LESLIE MC | ORE LAWS | SON | 850 508-6835 at () | | |
| , | Name o | f Person | Area Code Daytin | ne Telephone Number | |
| Enclosed is a | check for th | ne following amount: | | | |
| ■ \$25.00 F | 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) | |
| | iling Addres gistration S | | <u>Street Address:</u> Registration Se | ection | |
| | | | D | . • | |

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section

TO:

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

2022 JAN 14 PM 3: 05

| SOUTH HOUSE DESIGN & BUI | LD, LLC | | SPORTABLY OF OIL : |
|---|--|--|--|
| (Name of the Limi | ted Liability Compa (A Florida Limited) | any as it now appears of Liability Company) | SECRETARY OF SIA (nour records.) TALL AHASSEE, FLORID |
| The Articles of Organization for this Limited L Florida document number L17000159042 | iability Company | were filed on $\frac{7/25/2}{}$ | and assigned |
| This amendment is submitted to amend the fol | lowing: | | |
| A. If amending name, enter the new name α | of the limited liab | oility company here: | |
| CHIEF CONSTRUCTION, LLC | | | |
| The new name must be distinguishable and contain the | words "Limited Liabi | ility Company," the desig | nation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if application | cable: | 14955 NE JUANIT | A'S WAY |
| (Principal office address MUST BE A STREET ADDRESS) | | HOSFORD, FLOR | IDA 32334 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE | BOX) | PO BOX 15 HOSFORD, FLOR | IDA 32334 |
| B. If amending the registered agent and/or agent and/or the new registered office addre | ~ . | address on our reco | rds, enter the name of the new registered |
| Name of New Registered Agent: | LESLIE MOOI | RE LAWSON | |
| New Registered Office Address: | 14955 NE JUA | NITA'S WAY | |
| | | Enter Florida | street address |
| | HOSFORD | | Florida 32334 |
| | | 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 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 Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------------|------------------------|------------------------|----------------|
| MGR ZACHARY LAWSON | 14955 NE JUANITA'S WAY | | |
| | | HOSFORD, FLORIDA 32334 | □Ŕemove |
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| Effecti | ve date, if other than the date of filing: |
| Note: | ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records. |
| e record ord is file | I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed. |
| Dated . | JANUARY 12 2022 |
| | Aslik Insche Lauren |
| | Signature of a member or authorized representative of a member |
| | |

Filing Fee: \$25.00