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MENENETHS

<u>COVER LETTER</u>	
TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: Southern & Traditional Homes, I	Enc
DOCUMENT NUMBER: <u>P02000661355</u>	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Laura L. Berigh	
Southeen & Traditional Homes, To	1C.
POBOX 6425	
Drandon Fc 33508 City/ State and Zip Code	
E-mail address: (to be used for future annual report notification)	
Lowercase L	
For further information concerning this matter, please call:	
Name of Contact Person at (813) 787-3005 Area Code & Daytime Telephone Number	3_
Enclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee Certificate of Status (Additional copy is enclosed) \$35 Filing Fee Certificate of Status S43.75 Filing Fee Certificate of Status (Additional copy is enclosed)	
Mailing Address Amendment Section Street Address Amendment Section	

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

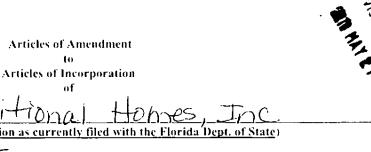
Clifton Building

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Articles of Amendment



(Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation; A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:	,	7, 117 W. C. 7, 114.		
X Change	PT John Doe			
X Remove	<u>V</u> <u>Mike</u>	Jones		
X Add	<u>SV</u> <u>Salty</u>	Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) _X_ Change	BI	Laura L. Benjoyni	18423 Lithia Towne Road	
Add		_	Lithia FL 33547	
2) Change	VP	Laural. Benigni	18423 Lithia Towne Road Lithia FL 33547	
Remove 3.) Change \(\begin{align*} \lambda \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<u>P</u>	Michael J Benigni	18423 Lithia Towne Road Lithia FL 33547	
Remove				
4) Change Add				
Remove				
5) Change				
Add				
6) Change				
Add				
Remove				

If amending or adding additional Ar Attach <i>additional sheets, if necessary).</i>	
n)/A	
<u> </u>	
<u> </u>	
······	
	change, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
Δ.	11:11:00
50/0 Shares	Michael J. Benian: 50 star
50% Shaces	Laura L Benian, 50 shar inter prepared 5/17/2018
JUIU STUYES	Caura - Derigni Scrium
Stock Certific	intes Drecared 5/17/2018
	······································

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> : N/A	
Effective date if applicable: 1V/FT (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the document's effective date on the Department of State's records.	nis date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment by the shareholders was/were sufficient for approval.	nent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following stamust be separately provided for each voting group entitled to vote separately on the amendment(s).	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and share action was not required.	holder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and sharehold action was not required.	er
Signature Signature One of the president or other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	
LAURA L. Benigni (Typed or printed name of person signing)	
PST (Future VP) (Title of person signing)	