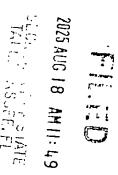
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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, Fl. 32314

NAME OF CORPORATION:	SOUTH COUNTY SAVAGES, INC
DOCUMENT NUMBER:	N2400009062
The enclosed Articles of Amendment and fee an	e submitted for filing.
Please return all correspondence concerning this	matter to the following:
	STEVEN MARSHALL BERNHARD
	(Name of Contact Person)
	JOUTH COUNTY JAVAGES
	JOUTH COUNTY JAVAGES (Firm/ Company)
lal O	4 SE CROOKED OAK AVE
	(Address)
	HOBE SOUND, FL 33455
	(City/ State and Zip Code)
	SOUTH CSAVAGES & GMAIL. COM cused for future annual report notification)
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, p	olease call:
S. MARSHALL BERNH	erson) at 904 753-0293 (Area Code) (Daytime Telephone Number)
(Name of Contact P	erson) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount ma	nde payable to the Florida Department of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee Certificate of Sta	c & IS43.75 Filing Fee & IS52.50 Filing Fee atus Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporations	Street Address Amendment Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to

Articles of Incorporation

Ωf

SOUTH COUNTY SAVAGES, INC.

5001A C	COUNTY SAVAGES, INC	2025 AUC 10 ALL
(Name of Corporation as currently filed with the Florida	Dept. of State)	2025 AUG-18-AH11: 49
N240000	9062	ALLEN SEE EL
(Document Numb	ber of Corporation (if know	vn) MULACAGOSEE, FL
Pursuant to the provisions of section 617,1006, Florida Statu amendment(s) to its Articles of Incorporation:	tes, this Florida Not For I	Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	<u>tion:</u>	
NA		The new
name must be distinguishable and contain the word "corpora	tion" or "incorporated"	or the abbreviation "Corp." or "Inc."
"Company" or "Co." may not be used in the name.		. ,
B. Enter new principal office address, if applicable:		N/A
(Principal office address <u>MUST BE A STREET ADDRESS</u>	.)	
C. Enter new mailing address, if applicable:	4/N	
(Mailing address MAY BE A POST OFFICE BOX)		
		
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office		ter the name of the
new registered agent and/or the new registered office	aduress.	t f a
Name of New Registered Agent:	^	//t
New Registered Office Address:	(Florid	la street addressi
	(City)	, Florida (Zip Code)
	n ny	(εην ομε)
New Registered Agent's Signature, if changing Registered		110 - 24 - 24
I hereby accept the appointment as registered agent.—I am fo	miliar with and accept the	obligations of the position
	N//	1
	ignature of New Registere	

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: X Change X Remove X Add	PT John D Y Mike Jo SY Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	D	MELISSA DIXON	9015 SE ATHENA ST. HOBE SOUND, FL 33755
Remove 2) Change Add		NICOLE BERNER ROBISON	1159 SE WESTMINITER PLACE STUART, FL 34997
Remove 3) Remove Add Remove			
4) Change Add			
Remove Change Add			
Remove 6) Change Add			
E. If amending or additional sheet	ets, if necessary).	icles, enter change(s) here: (Be specific)	
	<i>I</i> +		
	11		

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The date of each amendment(s) adoption: date this document was signed. Effective date if applicable: (no more than 90 days after amendment file date)
date this document was signed.
e/1.1/2 <
Effective date if applicable: 6/17/12
(no more man 90 days after amenament fue date)
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

	ere are no members opted by the board of	or members entitled to vote on the amendment(s). The amendment(s) was/were f directors,
. ,	Dated	8/14/25
	Signature	St Mall Bhl
	(By the	the chairman or vice chairman of the board, president or other officer-if directors into been selected, by an incorporator – if in the hands of a receiver, trustee, or recourt appointed fiduciary by that fiduciary)
		STEVEN MARSHALL BERNHARD
	_	(Typed or printed name of person signing)
	_	DIFÉCTOR
	_	(Title of person signing)

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