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

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	on: Southagee	K Homeo	oners	A550C	inton
NAME OF CORPORATION	N 93	00000 22	-88		
The enclosed Articles of Am	endment and fee are subm	itted for filing.			
Please return all corresponde	ence concerning this matter	to the following:			
<u> </u>	ristine A.	Webber Name of Contact Perso	n)		
	_	(Firm/ Company)			
1605	- Rebecca	CE			
<u> </u>	St. Johns	FT. 32	259		
	oldielocks			on-	/_
For further information conc	erning this matter, please c	all:	nonnounon		
Christine	Webbee (Name of Contact Person)	at	704	710- 38	77
	(Name of Contact Person)	(A'	rea Code) (D	aytime Telephone	Number)
Enclosed is a check for the for	ollowing amount made pay	able to the Florida Dep	artment of State	2:	
\$35 Filing Fee	□\$43.75 Filing Fee & I Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate Certificate (Additional Enclosed	e of Status Copy al Copy is	
Mailing Address Amendment Section			Address Iment Section		

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

to Articles of Incorporation

(Name of Corporation as currently filed with the Florida Dept. of State (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For 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" 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: (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 Office Address: (City) (Zip Code) 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: X Change X Remove X Add		Doe 2 Jones 2 Smith	
Type of Action (Check One)	Title	Name	Address
1) Change Add	Res	ART GIRARD	1805 Autumnbrook LANA St Johns, FT. 32259
 Remove Change Add 	Res	GRANT KARJONEN	1805 Autumnbrook lane VI Johns FT. 32259
Remove 3) Change Add	<u>VP</u>	GARY TAHLERSON	1801 AutumnbrookLade & Johns Fr. 32259
Remove Add Remove	<u>VP</u>	Mike Moses	1801 Autum & brook LANE St: Johns, FI 32259
5) Change Add			
Remove 6) Change Add Remove	<u>.</u>		

(attach additional sheets, if necessary).	(Be specific)
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The date of each amend	nent(s) adoption:	, if other than the
date this document was si	med.	
Effective date if applical	de: 4/7/17	
	(no more than 90 days after amendmen	nt file date)
	in this block does not meet the applicable statutory filin on the Department of State's records.	g requirements, this date will not be listed as the
Adoption of Amendmen	(s) (CHECK ONE)	
The amendment(s) was/were sufficient f	as/were adopted by the members and the number of voto or approval.	es cast for the amendment(s)
There are no member adopted by the board	s or members entitled to vote on the amendment(s). The of directors.	e amendment(s) was/were
Dated _	4/16/17	
Signature _	Thirty Or Weller	
	y the chairman or vice chairman of the board, president	
	we not been selected, by an incorporator – if in the hand her court appointed fiduciary by that fiduciary)	is of a receiver, trustee, or
· ·	ner court appointed inductary by that inductary)	
,	Christ: Je A. Webber	
	(Typed or printed name of person	son signing)
	TREASURER	
	(Title of person sig	ming)