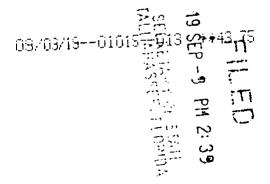
# PO10000 98084

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## **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Southern Country Log Homes, Inc. DOCUMENT NUMBER: PO10000 98084 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Ronald K. Nida Southern Country Log Homes. Inc. 7318 Autumn Brook Converse Texas 78109 E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (559) 469-1234

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$43.75 Filing Fee & □\$52.50 Filing Fee **□\$43.75** Filing Fee & ☐ \$35 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed)

### Mailing Address

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

### Street Address

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

# **Articles of Amendment**

to

# Articles of Incorporation

of

Southern Country	Log Homes. Inc.
	filed with the Florida Dept. of State)
P010000 9808	4
(Document Number of	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "I	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	<i>N/A</i>
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	7318 Autumn Brook  Converse, Texas  78109  Ess in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	N/A
(Florida stre	et address)
New Registered Office Address:	City) , Florida Strip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar w  Signature of New Re	ith and accept the obligations of the position.  A  principles of the position of the position.

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	PT John D	)oe			
X Remove	<u>V</u> <u>Mike Jones</u>				
X Add	SV Sally Smith				
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address		
1) Change	Y/D	Terry L. Nida	7318 Autumn Break		
Add			Converse, TX		
Remove			78109		
2) Change	<u>T/D/</u> S	Ronald K. Nida	7312 Autumn Brook		
_X_ Add			Converse TX		
Remove	. 1		781096 3		
3 ) Change	V/D	Christopher P. Gill	38837 Cambridge On.		
			Zephychillsi-Fd.		
_X_ Remove			335YO F T		
4) Change	T/D	Maria Ramos	1229 NE 35Th 6+,		
Add			Oakland Pack, FL		
Remove			33334		
5) Change	YLD	Matthew Romans	16425 Green Wood Forest		
Add			Clewestin, FL.		
Remove			33440		
6) Change					
Add					
Remove					

Attach additional sheets, if necessary). (Bo	e specific)	
Attach adamond sheets, y necessary.	( )	
	/V /A	
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f an amendment provides for an exchange	e, reclassification, or cancellation of issued shares,	·— (,,,
provisions for implementing the amendm	ent if not contained in the amendment itself:	2: 39 STATE LORIGA
(if not applicable, indicate N/A)	<b>t</b>	39 30
		- CB
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The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: 09/01/2019	
(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, this date document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must 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 shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	E SEP
Dated 08/31/2019	9 PH
Signature	- No. 1
(By a director, president or other officer - if directors or officers have not been	원소 <b>ଓ</b> 원교
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	38
Rook. Nida (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
Director / Treasurer and Secreta	<u>-</u>