PD2000132518

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COVER LETTER

Division of Corporations
NAME OF CORPORATION: SOUTH OF SOUTH END South and Gift Company
DOCUMENT NUMBER: YO200132518
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person Sannal a Sons Fine Low ley a City Company Firm/ Company Address Address City/ State and Zip Code Company Company Address City/ State and Zip Code
E-mail address: (to be used for fut the annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (352) 221-0041 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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
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	of	
Dovinda Sus Fine Lewilly	and GIPLS CONPANY	
(Name of Corporation as curren	tly filed with the Florida Dept. of State)	
Y02000139218	(2) - 3	
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this	s Florida Profit Corporation adopts the following amen	dment(s) t
its Articles of Incorporation:		بن
A. If amending name, enter the new name of the corporation:		<u>~</u>
AM	The	new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	ion," "company," or "incorporated" or the abbrevia "Co". A professional corporation name must contain	tion
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	Suffe 24 H	_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	CAMESURE H 32606 P.D. BOX 246 Alachua, In 32616	_ _ _
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address Name of New Registered Agent	dress in Florida, enter the name of the	<u>-</u> - · · · · · · · · · · · · · · · · · ·
2441 NW	43th Street, Suite 24A reel address)	
New Registered Office Address:	(City) , Florida Cip Code)	
		/
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.	
Signature of very	Kegistered Agent VII 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	PT Joh	n Doe	
X Remove	<u>V</u> . <u>Mi)</u>	ke Jones	
_X Add ,	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PIS	Govind Ghash	2441 43rd Areal
Add Remove			SAMOSAID # 33606
2) X Change	PTS	YAShOVA DWAI	2441 43th Sheet
Add Remove		Shoon	Brinssylf. H 32606
3) Change	****		
Remove			. >
4) Change			<u> </u>
Remove			
5) Change			(.7
Add			
6) Change			· ·
Add			
Ramove			••

amending or adding additional Articles, enter change(s) here: ttach additional sheets, if necessary). (Be specific)	
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	-
an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
rovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
	•
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	_

The date of each amendment(s) adoption: \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	, if other than th
Effective date if applicable: (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 will document's effective date on the Department of State's records.	Il not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
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.	Ö.
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	
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.	
Dated 12/8/18	/ .
(By a director, president op other efficer – Adirectors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
y.D. Gopul Glosh intypediorprinted name of person signing)	
——————————————————————————————————————	
(Dutterniperson signing)	