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A. RAMSEY
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: SOUTHSIDE PRO	PERTIES OF T	ALLAHAS	SSEE, INC.	
DOCUMENT NUMI	P06000068081				
The enclosed Articles	of Amendment and fee are sub	omitted for filin	g.		
Please return all corre	spondence concerning this mat	ter to the follow	ving:		
	STACY SMALL				
		Name of Cor	itact Person		
	SMITH THOMPSON SHAW				
	Firm/ Company				
	3520 THOMASVILLE ROA	D - 4TH FLOO	R		
		Add	ess		
	TALLAHASSEE, FL 32309				
		City/ State ar	nd Zip Code		
	Susant@stslaw.com				
	E-mail address: (to be us	sed for future an	nual report	notification)	
	on concerning this matter, pleas	se call:	0.40	002 4105	
STACY SMALL		at (_		893-4105	
Name	of Contact Person		Arca Co	de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the F	lorida Depa	artment of State:	
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	\$43.75 Fili Certified C (Additional enclosed)	ору	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Amend Division The C 2415 1	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303	

FILED

Articles of Amendment to Articles of Incorporation of

2023 NOV 29 PM 12 14

	ROPERTIES OF TALLAHASSEE, INC.
(Name of Corporation	as currently filed with the Florida Dept. of State)
(Documer	ent Number of Corporation (if known)
ursuant to the provisions of section 607.1006, Florida S s Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s
. If amending name, enter the new name of the corp	poration:
	The new
ame must be distinguishable and contain the word "corp Inc.," or Co.," or the designation "Corp," "Inc," of Chartered," "professional association," or the abbrevi	poration, "company, or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word
s. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDR</u>	RESS)
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2)
(Mailing address MAI BE A POST OF FICE BOX)	
). If amending the registered agent and/or registere	ed office address in Florida, enter the name of the
new registered agent and/or the new registered of	ffice address:
Name of New Registered Agent	
	(Florida street address)
New Province Office Address:	. Florida
New Registered Office Address:	(City) (Zip Code)
New Registered Agent's Signature, if changing Regis hereby accept the appointment as registered agent. I	stered Agent: 'am familiar with and accept the obligations of the position.
<i>y</i> 11 11 5 11 11 11 11 11 11 11 11 11 11 1	
Cima	ture of New Registered Agent, if changing
Signat	ште ој неж кедъчетеа Адет, у снапуту

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

X Change	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	P	KENNETH B. SMITH	3520 THOMASVILLE ROAD	
X Add			4TH FLOOR	
Remove			TALLAHASSEE, FL 32309	
2) Change	V	SUSAN S. THOMPSON	3520 THOMASVILLE ROAD	
Add			4TH FLOOR	
			TALLAHASSEE, FL 32309	
Remove 3) X Change	D	KENNETH B. SMITH	3520 THOMASVILLE ROAD	
Add			4TH FLOOR	
Remove			TALLAHASSEE, FL 32309	
4) Change	D	ELIZABETH J. SMITH	P.O. BOX 321	
Add			LLOYD, FL 32337	
X Remove				
5) Change	D	JIMMY FOREHAND	9491 OLD ST. AUGUSTINE RD	
Add			TALLAHASSEE, FL 32311	
X Remove				
6) Change				
Add				
Remove				

ttach additional sheets, if necessary).	(Be specific)
	-
an amendment provides for an exch provisions for implementing the ame	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) ac	option:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment j	file date)
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requartment of State's records.	uirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ado action was not required.	oted by the incorporators, or board of directors withou	t shareholder action and shareholder
■ The amendment(s) was/were ado by the sharcholders was/were su	oted by the shareholders. The number of votes cast fo Micient for approval.	r the amendment(s)
	roved by the shareholders through voting groups. The each voting group entitled to vote separately on the an	
"The number of votes cast	or the amendment(s) was/were sufficient for approval	
by		"
	(voting group)	
NOVEMI Dated	BER 29, 2023	
Signature	Temai B Smitt	
selected	reotor, president or other officer – if directors or office, by an incorporator – if in the hands of a receiver, trued fiduciary by that fiduciary)	
	KENNETH B. SMIT	Н
•	(Typed or printed name of person signing)	
	DIRECTOR/PRESIDENT	Γ
•	(Title of person signing)	_