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COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassce, FL 32314

NAME OF CORPORATION: Southern Austion Company
DOCUMENT NUMBER: P = 8 000 31933
DOCUMENT NUMBER: 1 0 8 GOOD 17 1 5 5
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
James E. Hill Name of Contact Person
Name of Contact Person Southern Auction am pany Firm/Company
415 LAKE JUNE Rd
Address LAKE Placid, Florida 33852 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ames E.H.11 at (863) 227-7598
Name of Contact Person 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 Certified Copy Certificate of Status (Additional copy is enclosed) \$35 Filing Fee & S52.50 Filing Fee Certificate of Status (Additional copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to
Articles of Incorporation

	of Arrive of	
SOUTHEN A	VUCTION COMPANI	<u> </u>
(Name of Corporation as curre	ently filed with the Florida Dept. of Stat	<u>e)</u>
<u> </u>	3/933	
(Document Number	er of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, that its Articles of Incorporation:	his Florida Profit Corporation adopts the	following amendment(s) to
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corpora" "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc.," o word "chartered," "professional association," or the abbreviation	r "Co". A professional corporation nan	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NA	
	 	20 30 37
C. Fatan and an illino address if an Backley		38
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
	·	6. on The same
		<u> </u>
		-
D. If amending the registered agent and/or registered office as new registered agent and/or the new registered office addr		47
Name of New Registered Agent NA		
'		
(Florida	street address)	
New Registered Office Address: N/	, Florida_	<u> </u>
,	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia		osition.
<i>ì</i>		
N/A Signature of No.	v Registered Agent, if changing	
Signature of Nev	v negwiereu ngeni, ij chunging	

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	<u>PT</u> <u>Joh</u>	<u>in Doe</u>	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
<u>X</u> 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	<u>V</u>	Jacqueline Hill	415 Lake June Te Lake Placid, Fl 338
Remove		_	
2) Change	<u>ST</u>	RYAN COLWARD Hill	53 Rimes R.J. Venus, FL 33960
Remove			V(1905) FT 33700
3) Change			
Add Remove			
4) Change			
Add Remove			
5) Change			- + + + + + + + + + + + + + + + + + + +
Add			
Remove			
6) Change			
Add Remove			

(Attach <i>addit</i>	or adding addition tional sheets, if nece	ssary). (Be spe	ecific)			
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If an amend	ment provides for a for implementing the	an exchange, red he amendment i	lassification, or	cancellation of i	ssued shares,	
(if not a	applicable, indicate	N/A)	i not contained	in the amenumer	it itseit.	
)[A						
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<u></u>						

The date of each amendment(s) adoption: Sept 12, 2019	, if other than the
date this document was signed.	
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 redocument's effective date on the Department of State's records.	ot be listed as the
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.	
☐ 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)	
(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.	
Signature (By a director, president or other officer – if directors 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)	
James E Hill	
(Typed or printed name of person signing)	
- President	
(Title of person signing)	