P12000074198

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: SOUTHMAX COI	RPORATION			
DOCUMENT NUMB	ER: P12000074198	·····			
	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this mat	tter to the following:			
	Susana Vilalta				
-	Name of Contact Person				
	SOUTHMAX CORPORATION				
•		Firm/ Company			
	3761 SW 139th PL				
-		Address			
	Miami, FL 33175				
•		City/ State and Zip Cod	e		
vilalta	ii@bellsouth.net				
	_	sed for future annual report	notification)		
For further information	concerning this matter, pleas		298 6630		
	of Contact Person	at (786	de & Daytime Telephone Number		
Name o	of Contact Person	Area Co	de & Daytime reteptione Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314		Ameno Divisio Cliftor 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301		

Articles of Amendment to Articles of Incorporation of

SOUTHMAX CORPORATION

(<u>Name</u>	of Corporation as curren	tly filed with the Florida Dept. of State)	
P12000074198			
	(Document Number	of Corporation (if known)	•
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	s Florida Profit Corporation adopts the follow	ing amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
N/A			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	ion," "company," or "incorporated" or the "Co". A professional corporation name mus "P.A."	abbreviation t contain the
B. Enter new principal office address,	if applicable:	N/A	
(Principal office address MUST BE A S			
C. Enter new mailing address, if appl		N/A	
(Mailing address MAY BE A POST	OFFICE BOX	IVA	 ;
			`~ ` ~ ~~1 .
			3
D. If amending the registered agent an new registered agent and/or the ne			K D
Susana Vilalta		_	Ç)
Name of New Registered Agent	3761 SW 139th PL		
		rreet address)	_
	Miami	33175	
New Registered Office Address:		(City), Florida (Zi _i	p Code)
		•	
New Registered Agent's Signature, if of		<u>nt:</u> r with and accept the obligations of the position	,
Thereby accept the appointment as regis	Serma ()	'lullti	
	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.

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	Р	Silvia Castellanos	3761 SW 139th PL
Add			Miami, FL 33175
X Remove			
2) Change	P	Susana Vilalta	3761 SW 139th PL
X Add			Miami, FL 33175
Remove			
3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Add			
Kemove			

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

	10/21/2019	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
10	/22/2019	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendmen sufficient for approval.	nt(s)
	pproved by the shareholders through voting groups. The following states or each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and sharehol	lder
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
10/21/20	10	
Dated	/7	
54.5 2		
- ·	X D (Sand Fill	
Signature	Vila Carilelanos	
	director, president or other officer - if directors or officers have not bee	
	led, by an incorporator – if in the hands of a receiver, trustee, or other co	ourt
appo	inted fiduciary by that fiduciary)	
	Silvia Castellanos	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	