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(Re	questor's Name)	
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(Bu	siness Entity Nar	me)
(Do	cument Number)	
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A. RAMSEY FEB 2 1 2023

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: <u>Sq. q</u> .	thern Amusement INC
DOCUMENT NUMBER: Paloc	00037398
The enclosed Articles of Amendment and	fee are submitted for filing.
Please return all correspondence concerni	ng this matter to the following:
Julie Mar	+ ka 5 hun Narah Name of Contact Person
Southern	J Amusement Inc.
	Firm/ Company
8556 Ruc	Kman Ave Address
Jacksonvil	le Flori da 32221 City/ State and Zip Code
	City/ State and Zip Code
For further information concerning this management	s: (to be used for future annual report notification) natter, please call:
Jul	ie Shunnarah 904, 250 7344
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amo	ount made payable to the Florida Department of State:
☐ \$35 Filing Fee	· *
Mailing Address Amendment Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassec 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

to Articles of Incorporation of FILED

Southern Amusement INC	8088 MOA 30 BW15 31
(Name of Corporation as currently	filed with the Florida Dept. of State)
<u> </u>	
	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</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:	
	The new
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co" or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered office address:	•
Name of New Registered Agent State State State State State (Florida street)	unnarah Kman Ave Jax F132221
New Registered Office Address: PD Boy 14488	ZAX FI 32238 (Zip 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 Registered Agent, if changing

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)

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	Doe	
X Remove	<u>V</u> <u>Mike</u>	: Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	Pres	James Roher	7421 North Tamiami Trai
Add			Sarasota FL. 34243
Remove			
2) Change	Pres	Julie Martha Shun Naroh	8556 Ruckman Ave
<u>X</u> Add			Jacksonville F1. 32221
Remove Change			
Add			
Remove			
4) Change	-		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ich additional sheet	ts, if necessary).	(Be specific)				
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n amendment prov	uidas fau an avah	anna raalaeeifi	estion or can	rallation of i	scued chares	
visions for impler	wides for an excu-	ange, recrassing	ontained in th	e amendmei	nt itself:	
(if not applicable,	, indicate N/A)					
-						
,				<u> </u>		

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	each amendment(s) adoption: 11/27/2022 ument was signed.	, if other than
	te if applicable:	
Effective dat	(no more than 90 days after amendment file date)	
	date inserted in this block does not meet the applicable statutory filing requirements, this date will effective date on the Department of State's records.	not be listed as
Adoption of	Amendment(s) (CHECK ONE)	
	idment(s) was/were adopted by the incorporators, or board of directors without shareholder action and s not required.	shareholder
	adment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) archolders was/were sufficient for approval.	
	idment(s) was/were approved by the shareholders through voting groups. The following statement separately provided for each voting group entitled to vote separately on the amendment(s):	
"The	e number of votes cast for the amendment(s) was/were sufficient for approval	
by _	(voting group)	
	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) [Typed or printed name of person signing] [Typed or person signing]	
	(Title of person signing)	

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