## P93000025074

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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: SOUTHERN MA	NOFACTURING INC.	<del></del>
DOCUMENT NUME	BER:		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	IRMA T. BARRIOS, ESQ.		
		Name of Contact Persor	1
	GLANTZ & GLANTZ PA		
•		Firm/ Company	
	7951 SW 6 STREET, SUITE	316	
•	<del>-</del>	Address	
	PLANTATION, FLORIDA	33324	
•		City/ State and Zip Code	e
mean	teli@southernmanufacturing.e	com	
		sed for future annual report	notification)
		•	
For further information	concerning this matter, pleas	se call:	
MARTA CANTELI		786 at (	853-3032
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	ortment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$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 Divisio Clifton 2661 E	Address Iment Section on of Corporations Building xecutive Center Circle assee, FL 32301

SCURETARY OF STATE STATE OF CORPORATION OF CORPORAT

## Articles of Amendment to Articles of Incorporation of

S	Oι	JTH	IER N	1 1	4A	NU	FΑ	CTU	JRING	INC.

(Name	of Corporation as currently	filed with the Florida Dep	t. of State)	
P93000025074				
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	.1006, Florida Statutes, this I	Florida Profit Corporation a	dopts the followi	ng amendment(s) t
A. If amending name, enter the new na	ame of the corporation:			
N/A				Thenew
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	uttion "Corp," "Inc," or "C	To". A professional corpora	orated" or the a ation name must	abbreviation contain the
B. Enter new principal office address, (Principal office address MUST BE A S		N/A		
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		N/A		19 APR 23 PM
D. If amending the registered agent ar new registered agent and/or the ne			ne of the	STATE ORATIO
Name of New Registered Agent	N/A			SKC
	(Florida stre	et address)		<del></del>
New Registered Office Address;	N/A		, Florida	- C - I
	1	(City)	(Zıp	· Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regis.			s of the position.	
<u> </u>	Signeture of New P.	vaistered Avent if changing		<del>_</del>

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> <u>s</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	PTSD	ISAAC CANTELI	7520 SW 165 TERRACE
Add			PALMETTO BAY, FL 33157
Remove			
2) Change	VD	MARTA CANTELI	7520 SW 165 TERRACE
X Add			PALMETTO BAY, FL 33157
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
, Add			
Remove			

	dditional shee	g additional Arts, if necessary)	. (Be speci	fic)				
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lf an am	endment are	vides for an exc	nhanga racia	accification .	ar cancallatia	s of icenad cha	FOL!	
provisio	ons for imple	nenting the am	endment if r	not containe	in the ameno	lment itself:	113,	
(if r	not applicable.	, indicate N/A)						
A								
	<del></del> ,	-						
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					_			

The date of each amendment(s) ado date this document was signed.	ption:	, if other than the
Effective date if applicable:		
,	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Depa	ck does not meet the applicable statutory filing requirements, this date will runent of State's records.	I not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.	
☐ The amendment(s) was/were appromust be separately provided for each	ved by the shareholders through voting groups. The following statement such voting group entitled to vote separately on the amendment(s):	
"The number of votes east for	the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were adopt action was not required.	ed by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and shareholder	
Dated	16/2019 Daac Cant	
selected, I	ctor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)	_
IS	AAC CANTELI	
_	(Typed or printed name of person signing)	
PI	RESIDENT	
	(Title of person signing)	