P95000076768

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(Business Entity Name)	
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TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: SOUTHERN IRRI	GATION INC	
DOCUMENT NUM	P95000076768		
The enclosed Article.	s of Amendment and fee are su	bmitted for filing,	
Please return all corre	espondence concerning this ma	tter to the following:	
	AMANDA HENN		
		Name of Contact Person	
	SOUTHERN IRRIGATION	INC	
		Firm/ Company	
	5207 SW MOORE ST		
		Address	
	PALM CITY, FL 34990		
		City/ State and Zip Code	
	SOUTHERNIRRIGATION	BELLSOUTH.NET	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
AMANDA HENN		at (772	288-1883
Name	of Contact Person	Area Coc	le & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	rtment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 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		Amenda Division The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303

Articles of Amendment to Articles of Incorporation of

SOUTHERN IRRIGATION INC

(Name	of Corporation as curren	ntly filed with the Florida Dept	. of State)	
P95000076768			-	
	(Document Number	of Corporation (if known)		-
Pursuant to the provisions of section 607 its Articles of Incorporation:	7.1006, Florida Statutes, thi	is Florida Profit Corporation ad	opts the following ar	nendment(s
A. If amending name, enter the new r	name of the corporation:			
			<i>Th</i>	e new
name must he distinguishable and contai "Inc.," or Co.," or the designation " "chartered," "professional association,	Corp." "Inc." or "Co".	A professional cornoration na	or the abbreviation " ime_must_contain_th	Corp.," e word
B. Enter new principal office address (Principal office address <u>MUST BE A.S</u>	, if applicable: STREET ADDRESS)	NA		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		NA		
				22
		-		on
				-
 If amending the registered agent a new registered agent and/or the ne 	nd/or registered office ad	dress in Florida, enter the nam	e of the	· ·
Name of New Registered Agent	CORY HENN	<u>13.</u>		
	5207 SW MOORE ST			
	(Florida s	treet address)		
	PALM CITY		Florida 34990	
New Registered Office Address:				

☐ 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: XChange	<u>PT</u>	John De	o <u>c</u>	
X Remove	<u>V</u>	Mike Jo	<u>mes</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	MGR		AMANDA HENN	5207 SW MOORE ST
X Add		_		PALM CITY, FL 34990
Remove				
2) Change		_		
Add				
Remove 3) Change		-	4,-,	
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

Attach additional sh	eeis, y necessary).	(Be specific)				
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f an amendment pr	ovides for an exch	iange, reclassificat	ion or cancella	tion of irrued c	ha-m.	
provisions for impl (if not applicabl	ementing the ame	ndment if not con	tained in the an	nendment itself	<u> </u>	
(if not applicabl	e, indicate N/A)				-	
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	doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		·
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this be document's effective date on the Do	lock does not meet the applicable statutory filing requirements, this partment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareholder a	ction and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes east for the amendment of fficient for approval.	nt(s)
	proved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
selected	U. 2023 Diw A Hun W rector, president or other officer – if directors or officers have not bee d. by an incorporator – if in the hands of a receiver, trustee, or other co ed fiduciary by that fiduciary)	
	ROBIN HENN	
	(Typed or printed name of person signing)	
	SECRETARY	
	(Title of person signing)	