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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: SAUTH I	HENDERSON INVESTMENTS INC.
	0071022
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this r	natter to the following:
- Jillian F	iper Palori Name of Contact Person
PJs Mar	nagement Firm/Company
	J Firm/ Company
4145 Hende	erson Blud
	Address
<u>lampa</u>	FL 33629 City/ State and Zip Code
	City/ State and Zip Code
Jillianpipe	r 0502 @ gmail. Com
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, pla	ease call:
Jillian Piper Palori	at (270) 791-5408
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount mad	e payable to the Florida Department of State:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed) \$\sum_{\text{\$\frac{52.50 Filing Fce}}}\$ Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

UOUTH HENDERSON INESTM	ENTS INC. filed with the Florida Dept. of State)
P960007107	
	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this 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:	
NIA	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."	
B. Enter new principal office address, if applicable:	NIA
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	11, 5
C. Enter now mailing address if applicable.	The state of the s
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA EE TH
	77 72
D. If amending the registered agent and/or registered office addr	Planida manahanan fili
new registered agent and/or the new registered office address:	
Name of New Registered Agent Pete Anthony	Palori III
4145 Henderso (Florida sire	n Blvd Tampa, FL 33629
New Registered Office Address: N/A	, Florida N/A
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	the control of the position.
A Cala	2
Signature of New Re	egistered 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)

Example:

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> <u>John</u>	Doe	
X Remove	<u>V</u> <u>Mike</u>	e Jones	
X Add	SV Saily	· Smith	
Type of Action (Check One)	<u>Tide</u>	Name	<u>Addres</u> s
1) Change	<u>D</u>	Pete A Palori	4145 Henderson Blvd
Add			Tampa, FL 33629
Remove	00		
2) X Change	DY	Pete Anthony Palori III	4145 Henderson Blud
Add			Tampa, FL 33629
Remove Change	T	Jillian Piper Palori	4145 Henderson Blvd
X Add			Tampa, FL 33629
Remove			
4) Change			
Add			
Remove			
5) Change	<u> </u>		
Add			
Remove			
6) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			

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an an	<u>nendment</u>	provides for	an exchang	<u>e, reclassific</u>	<u>ation, or can</u>	ellation of Issu	ed shares.	
<u>provisi</u>	ons for im	plementing t thle, indicate	he amendn	nent if not co	ntained in th	e amendment i	self:	
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The date of each amendment(s) adopt	lion: 8/19/2021	, 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 block document's effective date on the Depart	does not meet the applicable statutory filing requirement them of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted action was not required.	d by the incorporators, or board of directors without sharch	older action and shareholder
The amendment(s) was/were adopted by the shareholders was/were suffic	d by the shareholders. The number of votes cast for the arricht for approval.	endment(s)
The amendment(s) was/were approvious to be separately provided for each	ed by the shareholders through voting groups. The following holds are the state of	ng statement nt(s):
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
by	,1	
	(voting group)	
selected, by	for, president or other officer – if directors or officers have y an incorporator – if in the hands of a receiver, trustee, or fiduciary by that fiduciary)	not been other court
	Pete A Palori III (Typed or printed name of person signing)	
	DP	
	(Title of person signing)	