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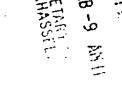




COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: SOUTHERN MIL	LING & LUMBER, INC.				
DOCUMENT NUN	\$7000.1					
The enclosed Article	s of Amendment and fee are su	bmitted for filing.				
Please return all corr	espondence concerning this ma	tter to the following:				
	Sabrina Chianese					
	Name of Contact Person					
	Clark, Campbell, Lancaster, Workman & Airth, P.A. Firm/ Company					
	500 S. Florida Avenue, Suite	800				
	Address					
	Lakeland, FL 33801					
	_	City/ State and Zip Code	:			
	schianese@clarkeampbell-lav	w.com				
	E-mail address: (to be us	sed for future annual report	notification)			
For further informati	on concerning this matter, pleas	se call;				
Sabrina Chianese		at (<u>863</u>	647-5337			
Name	of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check t	or the following amount made	payable to the Florida Depa	artment of State:			
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
An Dir P.(niling Address mendment Section vision of Corporations D. Box 6327 Hahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303			



Articles of Amendment to Articles of Incorporation of

SOUTHERN MILLING & LUMBER INC.

(Name of Corporation as current	ly filed with the Florida Dept. of State)
70094	
(Document Number of	of Corporation (if known)
rsuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	Florida Profit Corporation adopts the following amendment
If amending name, enter the new name of the corporation:	
	The new
me must be distinguishable and contain the word "corporation," " nc.," or Co.," or the designation "Corp," "Inc," or "Co" hartered," "professional association," or the abbreviation "P.A."	A professional corporation name must contain the word
Enter new principal office address, if applicable:	N/A
rincipal office address <u>MUST BE A STREET ADDRESS</u>)	
,	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
N/A Name of New Registered Agent	
Nume of New Negaserea agent	
(Florida st	rect address)
(Florida su	rect address), Florida (City) (Zip Code)

Check if applicable

[1] 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.

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	V	Christopher Fulbright	1508 GEORGE JENKINS BLVD
X Add	-		LAKELAND, FL 33815
Remove			
2) Change		_	· · · · · ·
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
റ Change			
Add			
Remove			

E. <u>If amending or adding additional Articles, enter change(s) here:</u> (Attach additional sheets, if necessary). (Be specific)	
N/A	
IVA	
	_
	-
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	

:

The date of each amendment(s) adoption: , if other than the date this document was signed. Effective date if applicable: (no more than 90 days after amendment file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) ■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): "The number of votes cast for the amendment(s) was/were sufficient for approval (voting group) (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) Benjamin Scott Griffin (Typed or printed name of person signing) President

(Title of person signing)