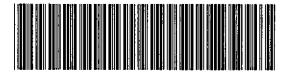
## 599520

(Re	equestor's Name)	
(Ad	idress)	· <del></del>
(Ac	ldress)	<del></del>
(Cit	ty/State/Zip/Phone	e #)
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DEC 0 4 2013

C. CARROTHERS

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: SOUTHERN	MUTUAL MANA	GEMENT CORP.		
DOCUMENT:NUMBER: S99520				
The enclosed Articles of Amendment and fee are sub	omitted for filing.			
Please return all correspondence concerning this matter	ter to the following:			
JOHN B. GALLAC				
JOHN B. GALLAC	Name of Contact Person SHER, PA			
Firm/ Company 2631 EAST OAKLAND PARK BLVD., STE 201				
Address				
FORT LAUDERDALE, FL 33306				
	City/ State and Zip Code			
BECKSER@ATT.NET  E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
JOHN B. GALLAGHER	at (954	524-1888		
Name of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:				
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Centificate of Status Centified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton	Address ment Section on of Corporations Building xecutive Center Circle		

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

## SOUTHERN MUTUAL MANAGEMENT CORP.

(Name of Corporation as current	tly filed with the Florida De	pt. of State)	·	
S99520				
(Document Numbo	er of Corporation (if known)	·	م المنابع	
Pursuant to the provisions of section 607,1006, Floits Articles of Incorporation:	orida Statutes, this <i>Florida Pi</i>	rofit Corporation ado	pts the following amendin	nei
A. If amending name, enter the new name of the	ne corporation:		The me	* 5 W
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Cword" chartered, ""professional association," or	Corp," "Inc," or "Co". A p	pany," or "incorpord professional corporati	ited" or the abbreviation	تنز n)
B. Enter new principal office address, if applic (Principal office address MUST BE A STREET)	able: ADDRESS)		•	
<ul> <li>C. Enter new mailing address, if applicable:         (Mailing address MAY BE A POST OFFICE)</li> <li>D. If amending the registered agent and/or regnew registered agent and/or the new registered.</li> </ul>	E BOX)	orida, enter the name	of the	
Name of New Registered Agent				
	(Florida street address	;)		
New Registered Office Address:		, Florida		
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age		ccept the obligations	of the position.	
Signature o	of New Registered Agent, if c	hanging		

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	<u>PT</u>	John Do	<u>oe</u>	
X Remove	¥	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally St	<u>mìth</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	SVD	<u> </u>	ARNULFO R GARCIA	3900 GALT OCEAN DR.
Add Remove				#902 FT. LAUDEDALE, FL 3330
2) Change Add		_		
Remove 3) Change	<del></del>	<del></del>		
Add Remove				
4) Change		_		
Remove  5) Change				
Add Remove		_		
6) Change		_		
Add Remove				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
· · · · · · · · · · · · · · · · · · ·	•
· · · · · · · · · · · · · · · · · · ·	<del></del>
_	
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
***	

The date of each amendment(s) adoption: NOVEMBER 19, 2014	, if other than the
date this document was signed.	, , , outor train the
Effective date if applicable: NOVEMBER 19, 2014	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
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):	1
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated NOVEMBER , 2014	
Signature  (By a spector, president or other officer – if directors or officers have not been	
(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)	
JOSEPH ISRAEL	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	