V17888

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TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: West Ridge South Inc.
DOCUMENT NUMBER: V17888
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Trisha Bernstein Name of Coptact Person
B-emstern Accounting
4440 PGA BIVD, Swite 400
Palm Blach Gardens, F1. 334 10-659 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Trisha Bernstein at 561, 627-1489
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee S43.75 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tailahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation

West Ridg	H Sou	the Inc.	
		filed with the Florida D	ept. of State)
V/78			·
(Document	t Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida States Articles of Incorporation:	tatutes, this F	lorida Profit Corporation	adopts the following amendment(s) to
A. If amending name, enter the new name of the corporate	oration:		
	NA		The new
name must be distinguishable and contain the word "corpe" Inc.," or Co.," or the designation "Corp," "Inc.," or "chartered," "professional association," or the abbrevia. B. Enter new principal office address, if applicable:	or "Co". A		
(Principal office address <u>MUST BE A STREET ADDRE</u>	<u>ESS</u>)	N/A-	77
_			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			6
(Maning address MATT BE A TOST OT THEE BOX)		N, A	52) NOV 1 6 ALLE 17
			17
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi		ss in Florida, enter the i	name of the
Name of New Registered Agent		NIA	
	(Florida stree	et address)	
New Registered Office Address:			, Florida
	(0	City)	(Zip Code)
New Registered Agent's Signature, if changing Registe	arad Agants		
I hereby accept the appointment as registered agent. I an		th and accept the obligati	ions of the position.
Signatur	re of New Per	gistered Agent, if changin	σ
Signata	es of new Key	smerea agem, y enungin	5

Check if applicable

 $[\]square$ 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 Do	<u>oe</u>	
X Remove	\underline{V}	Miķe Jo	ones .	
X Add	<u>\$V</u>	Sally Si	mith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
i) Change	<u>C</u> F0	مر_	Northfield Holding Corp	1125 B. DIXIE Highway, Und Lake Worth, Fl 33460
Add				Lake Worth, fl 3340
Remove				
2) Change	P	_	Scott Berman	1125 N. DIXIEHIGHWAY
Add				unit D
Remove Change		_		Lak Worth fl. 33460
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

Attach <i>addition</i>	nal sheets, if necessary). (I	Be specific)			
, .					
	N/A				
		<u> </u>	·· ·		_
			- · · · · ·		
				 	
			<u>-</u>		
provisions for	ent provides for an exchang r implementing the amendr	ge, reclassification ment if not contain	, or cancellation of red in the amendm	issued shares, ent itself:	
(if not app	olicable, indicate N/A)				
			· 	· -	
	NIA		·-·	·	
					
··· ———	· · ·				

	option:		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 black document's effective date on the De		able statutory filing requirements, this date will no	t be listed as th
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were ado action was not required.	oted by the incorporators, or b	poard of directors without shareholder action and sha	ıreholder
The amendment(s) was/were ado by the shareholders was/were sur		number of votes cast for the amendment(s)	
		ough voting groups. The following statement vote separately on the amendment(s):	
"The number of votes cast i	or the amendment(s) was/wer	e sufficient for approval	
by		, ,	
	(voting group)		
Dated/	10/20		
Signature	2		
(By a di	, by an incorporator - if in the ed fiduciary by that fiduciary)		
	Sio H	Becare	
-	(Typed or printed n	name of person signing)	
	PALJ.	it	
	(Title of person sign	ning)	