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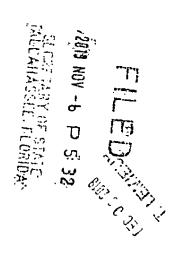
(Re	equestor's Name)	-
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Amendment Section

Division of Corporations				
	Sophie Tank & Construction Co	۱ . ر		
DOCUMENT NUMBER:	74431			
The enclosed Articles of Amendment and fee are sul	bmitted for filing.			
Please return all correspondence concerning this mat	tter to the following:			
<u>John</u>	B Rogers			
Crest	Name of Contact Person VIEW Mini Storge UC			
601	N Furder AVA			
CYESTVIT	Address City/ State and Zip Code			
	City/ State and Zip Code			
hrf	Justiphic @ gmul, wm			
E-mail address: (to be us	sed for future annual report notification)			
For further information concerning this matter, pleas	se call:			
John Ragers	at (850) 837-7200			
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:			
S35 Filing Fee S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address	Street Address			
Amendment Section	Amendment Section			
Division of Corporations Division of Corporations				
P.O. Box 6327 Clifton Building				
Tallahassee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment

to
Articles of Incorporation

	Articles of Inco	rporation	14	
Rogers Septic	Janx E	Const	nutre 4	E.Pnc.
(Name of Corpo	ration as currently	filed with the	Florida Dept. of State	
المارية والمراجعة	>1 <i>1</i>		12913 NOV -P	P 5: 32
(Do	ocument Number of C	Corporation (if	known) - Gy - Gg-, G)\$ 67+F/r
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this Fi	lorida Profit C	FALEAHASSEE orporation adopts the	Tollowing amendment(s)
A. If amending name, enter the new name of th	e corporation:			
				The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	Corp," "Inc," or "C	o". A professi		
B. Enter new principal office address, if application				
(Principal office address <u>MUST BE A STREET A</u>	<u>4DDRESS</u>)			
				
			-	
C. Enter new mailing address, if applicable:				
(Mailing address <u>MAY BE A POST OFFICE</u>	BOX)	-		<u> </u>
		 		
D. If amending the registered agent and/or reg		<u>ss in Florida, e</u>	nter the name of the	
new registered agent and/or the new registe	red office address:			
Name of New Registered Agent		_		
	(Florida stree	t address)		
New Registered Office Address:			, Florida	
The state of the s	((Jity)	,	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age		th and accept to	he obligations of the p	osition.
	Signature of New Res	vistered Avent	if changing	

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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One) 1) Change	<u>Title</u> S	Kellie L Wilsolorf	Address Lou N Ferdun Blyd
Add Remove			Crestrieu PL 32539
2) Change Add Remove			
3) Change Add Remove			
4) Change Add Remove			
5) Change Add			
Remove 6) Change Add			
Remove			

	eets, if necessary).	(Be specific)				
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				and the second of		
'an amendment pr	rovides for an exch	ange, reclassifica	ation, or cancel	ation of issued st	iares,	
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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 dat document's effective date on the Department of State's records.	e will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ 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 stateme must be separately provided for each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholde action was not required.	г
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 10 - 30 - 19	
Signature Califolicia	
(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 cour appointed fiduciary by that fiduciary)	l
Lect 0 Koders	
(Typed or printed name of person signing)	
Resident	
(Title of person signing)	