K62450

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COVER LETTER

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION: COASTAL SO DOCUMENT NUMBER: K62450	lptic Services, Inc.
DOCUMENT NUMBER: K62450	
The enclosed Articles of Amendment and fee are submitted for f	īling.
Please return all correspondence concerning this matter to the fol	Howing:
Firm. 380 S. C. Merritt Is	E Scherer Contact Person Morkey, P.L. /Company Surtenous Pkuy., Sk. Address Address Actual FL 32952 e and Zip Code Coustal Septic. Com cannual report notification)
For further information concerning this matter, please call:	
Kristik E. Schero a Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to th	e Florida Department of State:
Certificate of Status Certified	nal copy is Certified Copy
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

t o		i
Articles of Incorp	poration	
of		
Coastal Sentic	Services,	Inc.
Oastal Septic (Name of Corporation as currently f	iled with the Florida D€n	हिं दी दि विश्वविश्वित
1/1 2115	★	i i
(Document Number of C	orporation (if known) 3/4	LANASILE, FLORE
·	1	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flats</i> Articles of Incorporation:	orida Profit Corporation a	dopts the following amen
A. If amending name, enter the new name of the corporation:		
NA		The
name must be distinguishable and contain the word "corporation."	"company" or "incorne	orated" or the abbrevia
"Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "Co	 A professional corpora 	ation name must contain
$vord$ "chartered," "professional association," or the abbreviation " $P_{\ell\ell}$	4. "	
Entar non principal office address: if applicables	NA	
3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	. vi	
(Mailing address MAY BE A POST OFFICE BOX)	NI A	
		İ
		-
		5.11
 If amending the registered agent and/or registered office address new registered agent and/or the new registered office address: 	s in Florida, enter the nar	ne of the
	1	
Name of New Registered Agent Name of New Registered Agent	<u> </u>	
(Florida street	address)	i
		į t
New Registered Office Address:	(IV)	, Florida Zip Code)
(C)	iy)	(2.tp Code)
New Registered Agent's Signature, if changing Registered Agent:	hand on mote to the	an Arth a manifel an
hereby accept the appointment as registered agent. I am familiar with	a ana accept the obligation	is of the position.

Signature of New Registered Agent, if changing

P = President; V = Vice Executive Officer; CFO held. President, Treasur Changes should be note a change, Mike Jones le Mike Jones, V as Remov	lirector title Presiden = Chief : ver, Direct ed in the fo waves the c	le by the f. t; T= Tree Financial or would i dlowing m orporatio	nanner. Currently John Doe is listed as the I on, Sally Smith is named the V and S . These s	han one title, list the first letter of PST and Mike Jones is listed as the
Example: X Change	<u>6.1.</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>SV</u>	Sally Sr	nith_	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) X Change	P)	<u>)</u>	Kimberly Blackmon	5175 N US
Add Remove				Coca, Fc 3
2) Change				
Add				
Remove				
3) Change		_		
Add Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

Page 2 of 4

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, address of each Officer and/or Director being added:

<u>If amending or adding a</u> Attach <i>additional sheets</i> ,	dditional Articles, enter change(s) here: if necessary). (Be specific)	1
		;
	NA	
		
		<u>. </u>
		
·		
	<u> </u>	
f an amendment provid	es for an exchange, reclassification, or cancellation o	of issued shares.
	nting the amendment if not contained in the amendm	
у пот аррисате, в	actie (474)	
-		
		
	VI A	
	· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) addate this document was signed.	doption:	if ot
date uns document was signed.		1
Effective date <u>if applicable</u> :		<u> </u>
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, this date will repartment of State's records.	ot be l
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast i	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
action was not required. The amendment(s) was/were adop	pted by the board of directors without shareholder action and shareholder pted by the incorporators without shareholder action and shareholder	
action was not required.		
Dated C1 1	3/19	
Signature	mility Blechman	
	rector, president or other officer - if directors or officers have not been	
	, by an incorporator - if in the hands of a receiver, trustee, or other court	
appointe	ed fiduciary by that fiduciary)	
<u>-</u>	Kimberly Blackmen Flkla Kimberly	<u>An</u>
	(Typed or printed name of person signing)	'
_	President Director	
	(Title of person signing)	