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COVER LETTER

TO: Amendment Section Division of Corporations

•				
NAME OF CORPORATION:	FLORIDA SPECIAL	ASSOCIATION ST INC.	OF SINXHOUE STABIL	1ZATION
DOCUMENT NUMBER:				
The enclosed Articles of Amenda	ment and fee are sub	mitted for filing.		
Please return all correspondence	concerning this matt	er to the following:		
JACKIE	ROJAS -	(Name of Contact Person	n)	
FLORIDA ASSOC	ATION O	F SINKHOLE (Firm/Company)	STABILIZATION SPE	<u>ILALIST</u> INC
6702 BEN	JAMIN	RD. # 1	00	
TAMPA,	R 3	3634 (City/ State and Zip Cod	e)	
SUPER, E-mai	OR JACK Taddress: (to be used	IERQ @ G for future annual report	MATL. COM notification)	
For further information concernit	ng this matter, please	call:		
JACKE ROJI	75 - QUINO ne of Contact Persor	NES at (A)	(8)3) 943-1346 rea Code) (Daytime Telephone Number)	
Enclosed is a check for the follow	wing amount made pa	ayable to the Florida Depa	artment of State:	
\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	
<u>Mailing Addr</u> Amendment Se		· · · · · · · · · · · · · · · · · · ·	Address Iment Section	

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State) STABILIZATION SPECIPLIST, INC. (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: OF SOIL STABILIZATION SPECIALISTS name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corporation" "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, 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 X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>		Address
1) Change Add Remove		N/A		
2) Change Add Remove				
3) Change Add Remove				
4) Change Add Remove			··· <u>·</u>	
5) Change Add				
Remove 6) Change Add				
Remove				

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The date of each amendment(s) ado date this document was signed.	ption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
Note: If the date inserted in this block document's effective date on the Department.	c does not meet the applicable statutory filing requirements, this da	te will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado was/were sufficient for approval.	pted by the members and the number of votes cast for the amendment	ent(s)
There are no members or member adopted by the board of directors	rs entitled to vote on the amendment(s). The amendment(s) was/ws.	ere
Dated	17/16	
Signature(By the chairm	an or vice chairman of the board, president or other officer-if direct	Mors
have not been	selected, by an incorporator – if in the hands of a receiver, trustee pointed fiduciary by that fiduciary)	, or
	TACKIE ROJPS - QUINONES (Typed or printed name of person signing)	<u>. </u>
	(1) ped of printed frame of person signing)	
	SIRECTOR TREASURER (Title of person signing)	
	(The or person signing)	