

PO1000 118829

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

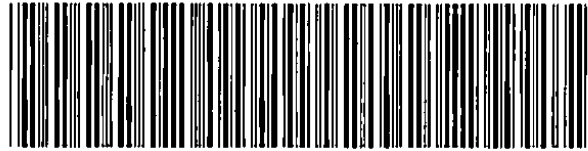
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TALLAHASSEE, FLORIDA

**COVER LETTER**

1: Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** C&R TERRA, INC.

**DOCUMENT NUMBER:** P01000118829

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Timothy J. Sloan, Esq.  
Name of Contact Person  
Timothy J. Sloan, P.A.  
Firm/ Company  
427 McKenzie Avenue  
Address  
Panama City, FL 32401  
City/ State and Zip Code  
ceo@keetoncorrections.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kimberly R. Keeton at ( 850 ) 747-8776  
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:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|---|--|---|--|

**Mailing Address**

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

**Street Address**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Amendment  
to  
Articles of Incorporation  
of

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ER TERRA, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

1000118829

TALLAHASSEE, FLORIDA

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to Articles of Incorporation:

**If amending name, enter the new name of the corporation:**

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

**Enter new principal office address, if applicable:**

Principal office address **MUST BE A STREET ADDRESS** )

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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:**

\_\_\_\_\_ 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

**Check if applicable**

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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

tach additional sheets, if necessary)

ase note the officer/director title by the first letter of the office title:

= President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief  
cutive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held.  
resident, Treasurer, Director would be PTD.

anges 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  
hange, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change,  
ke Jones, V as Remove. and Sally Smith, SV as an Add.

ample:

Change	PT	John Doe
Remove	V	Mike Jones
Add	SV	Sally Smith

pe of Action heck One)	Title	Name	Address
Change	PT	Timothy S. Spence	P.O. Box 1267
Add			Lynn Haven, FL 32444
X Remove			
X Change	PTVS	Kimberly R. Keeton	P.O. Box 1267
Add			Lynn Haven, FL 32444
Remove			
) Change			
Add			
Remove			
) Change			
Add			
Remove			
) Change			
Add			
Remove			
) Change			
Add			
Remove			

Attach additional sheets, if necessary). (Be specific)

(if not applicable, indicate N/A)

April 5, 2024

date of each amendment(s) adoption: \_\_\_\_\_, if other than the  
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 date will not be listed as the  
amendment's effective date on the Department of State's records.

Method of Amendment(s) (CHECK ONE)

The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder  
action was not required.

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):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_  
(voting group)

Dated 10/30/24

Signature

Kimberly Ridley Keeton  
(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)

Kimberly R. Keeton

\_\_\_\_\_  
(Typed or printed name of person signing)

President

\_\_\_\_\_  
(Title of person signing)

TALLAHASSEE, FLORIDA

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