## P0300085124

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

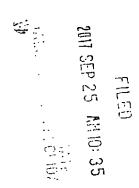
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C. GOLDEN SEP 2 6 2017

## **COVER LETTER**

TO: Amendment Section

Division of Corporations Jerry's Septic Toule Services Inc. NAME OF CORPORATION: 7030000085124 The enclosed Articles of Amendment and fee are submitted for filling. Please return all correspondence concerning this matter to the following: Jerry 1, mmon 5
Name of Contact Person Terry's Septic Tarle Services Inc. 4800 Ju 64 Five Stude 10-6 Davic FL 33314

City/ State and Zin Code Sendoc 54 @ gwarl. com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: TEVYY TIMMENS at 954 689 7234

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 □\$43.75 Filing Fee & □\$43.75 Filing Fee & ■\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

## Law Office of Jeffrey A. Nussbaum, P.A.

4800 SW 64<sup>th</sup> AVENUE SUITE 103 DAVIE, FL 33314

TELEPHONE (954) 463-5330 FACSIMILE (954) 463-5358 EMAIL: JNussbaum@JNussbaumPA.com

September 20, 2017

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

Att: Ms. Claretha Golden

Re: Letter No. 917A00018530

Dear Ms. Golden:

Thank you for taking the time to speak with me yesterday regarding the above referenced matter.

I had Mr. Timmons fill out the proper Amendment form and have enclosed it for your reference. Kindly process the Amendment at your earliest convenience. i have enclosed a self-addressed stamped envelope for your convenience.

thanks again for your time. please feel free to contact me if you have any questions or need any additional information.

Respectfully

Jeffrey A. Nasskaum, Esquire

JAN/hs &

Enclosure



September 7, 2017

GERALD TIMMONS 4800 SW 64 AVENUE SUITE 106 DAVIE, FL 33314

SUBJECT: JERRY'S SEPTIC TANK SERVICES, INC.

Ref. Number: P03000085124

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 917A00018530

Claretha Golden Regulatory Specialist II

www.sunbiz.org

## Articles of Amendment to

FILED 35

Articles of Incorporation		2017 SEP 25	All in a
Terry's Septic Toute Services  (Name of Corporation as currently P030000085124  (Document Number of	Inc.		- нт IU: 35 -
(Name of Corporation as currently	filed with the Florida Dept. of State)		Titopyj.
P030000085124	\(\frac{1}{2}\)		
(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:			nt(s) to
A. If amending name, enter the new name of the corporation:			
N/A		The new	
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "I	Co". A professional corporation name	the abbreviation	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	NA		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Aln		
D. If amending the registered agent and/or registered office address:  Name of New Registered Agent  Note: New Registered Agent  Note: New Registered Agent			
Name of New Registered Agent	<del>-</del>	<del></del>	
art the second			
(Florida stre	et daaress)		
New Registered Office Address: N TT	, Florida	(Zip Code)	
(	City)	(zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the pos	ition.	
Signature of New Re	egistered 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: <u>X</u> Change	<u>PT</u>	<u>John Doe</u>	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	2	Chad Timmoiss	4800 SW64th Ave Swite 106 Davic, FL 33314
X Add			sunte 106
Remove			Davic, FL 3'3314
2) Change			
Add			
Remove			
3 ) Change			
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6) Change			
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E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)
N/A
···
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)
N/A
<u> </u>

The date of each amendment(s) adoption:	, if other than th
Effective date <u>if applicable</u> :	
(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 locument's effective date on the Department of State's records.	date will not be listed as th
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 by the shareholders was/were sufficient for approval.	nt(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ement en
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	older
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 9 18 17	
Signature	
(By a director, president or other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other c appointed fiduciary by that fiduciary)	
TEVY To mywns  (Typed or printed name of person signing)	
	-
President	
(Title of person signing)	