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R. WHILE

SCHOOL TANK SPECIFICAND

COVER LETTER

NAME OF CORPORATION: Southern Miracles Surfacing Inc.

DOCUMENT NUMBER: Plococo 7465

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

Please return all correspondence concerning this matter to the following:

Brian Roger Me Tutal

Name of Confact Person

Suthern Miracles Surfacing Inc.

Firm/ Company

172 SW Lancelot Glenn

Address

Lake City FZ 32024

City/State and Zip Code

A25726 MSN. Com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brian Metado at (386) 623-3342

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

TO: Amendment Section

☐\$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)

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

Mailing Address

Street Address

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

Articles of Amendment to Articles of Incorporation

FILED

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Southern n	niracles	Surface	ciagi. In	GIAIE
(Name of Corporation as currently filed	with the Florida Dept	. of State)	ALLATASSEL.	FEURIUA
- P1100000	7465			
(Document Number of Cor				_
Pursuant to the provisions of section 607.1006, Florida Statis Articles of Incorporation:	tutes, this <i>Florida Pro</i>	fit Corporation a	adopts the followin	g amendment(s) to
A. If amending name, enter the new name of the corpo	ration:			
				_The new
name must be distinguishable and contain the word "c" ("Corp." "Inc." or Co.," or the designation "Corp," "word "chartered," "professional association," or the abbi	Inc," or "Co". A pro	iny," or "incorp ofessional corpoi	ooruted" or the a ration name must	bbreviation contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	<u></u>		· · · · · · · · · · · · · · · · · · ·	-
				-
C. Enter new mailing address, if applicable:				-
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)				-
				-
				_
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		da, enter the na	me of the	
Name of New Registered Agent			_	
	(Florida street address)		<u>-</u>	
New Registered Office Address:		, Florida	a	_
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am		ept the obligation	ns of the position.	
			•••	
Signature of New R	egistered Agent, if cha	nging		

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> <u>Jo</u>	ohn Doe	
X Remove	<u>V</u> <u>M</u>	like Jones	
_X Add	<u>SV</u> <u>Sa</u>	ally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	7	Eric Lamar Partin	8305 226th st O'Brien 72 3207
Add			0'Brien 72 3207
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		<u> </u>	
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)
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· · · · · · · · · · · · · · · · · · ·	
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
() <i></i>	
V = 1	
. ————————————————————————————————————	

The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
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)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 4-9-15	
Signature 25 28AA	
(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)	
Typed or printed name of person signing)	
President (Title of person signing)	