## P1500008134

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: American Sept	c Contractors Inc
DOCUMENT NUMBER: P15000081134	
The enclosed Articles of Amendment and fee ar	e submitted for filing.
Please return all correspondence concerning this	matter to the following:
Ruth Joyner	
American Septic Contrac	Name of Contact Person tors Inc
-	Firm/ Company
8300 W Beaver Street	
Jacksonville, Florida 322	Address 20
	City/ State and Zip Code
AmericanSepticContractors@g	 mail.com
E-mail address: (to b	e used for future annual report notification)
For further information concerning this matter, p	; lease call: 
Ruth Joyner	at ( 904 ) 781-4818  Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount ma	de payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of State	
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 to Articles of Incorporation of

to

American Septic Contractors Inc					
(Name o	of Corp	oration as currently	y filed with the Florid:	a Dept. of State)	1
P15000081134					
	( <u>i</u>	Document Number of	Corporation (if known	)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, F	lorida Statutes, this a	Florida Profit Corpora	tion adopts the fe	ollowing amendment(s
A. If amending name, enter the new na	me of	the corporation:			
N/A					The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation	Corp," "Inc," or "	Co". A professional c		the abbreviation
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>			N/A		
	ĺ	, ,			
				#,	至給 西
C. Enter new mailing address, if appli (Mailing address <u>MAY BE A POST</u>		<u>E BOX</u> )	N/A		SEP 15
					Pos
D. If amending the registered agent an				he name of the	M. a
new registered agent and/or the nev	ΙĬ	tered office address:	<u> </u>		
Name of New Registered Agent	N/A				
	<del>- i</del> i	(Florida stre	ret address)		
N D : 102 411	N/A				
New Registered Office Address:			(City)	, Florida	(Zip Code)
			• *		·•
New Registered Agent's Signature, if cl	  hangin	g Registered Agent:			
I hereby accept the appointment as regist	ered åg	gent. – Lam familiar w	rith and accept the oblig	gations of the po.	sition.
<del></del>	- 11	C' , CU D		<del></del>	
		Signature of New Ro	egistered Agent, if chan	iging	
	lí				

address of each Officer (Attach additional sheets Please note the officer/di P = President; V = Vice Executive Officer; CFO held. President, Treasure Changes should be noted a change, Mike Jones led Mike Jones, V as Remove	and/or D , if necess, rector title President, = Chief F r, Directo l in the fol twes the co	irector being ary)    ≥ by the first I  : T= Treasur  inancial Offit  or would be P  lowing mann orporation, Se	added:  etter of the office title:  er; S= Secretary; D= Director; Ti cer. If an officer/director holds m TD.  er. Currently John Doe is listed as tlly Smith is named the V and S. Ti	Ficer/director being removed and title, name, and R= Trustee; C = Chairman or Clerk; CEO = Chief fore than one title, list the first letter of each office is the PST and Mike Jones is listed as the V. There is these should be noted as John Doe, PT as a Change,
Example: X Change	PT	John Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title		n <u>ne</u> 	<u>Addres</u> s
1) Change	D	 Rie	chard S. Rossi	8300 W. Beaver Street
X Add				Jacksonville, FL 32220
Remove				
2) Change		_    		<del></del> _
Add				
Remove				<del></del>
3 ) Change		_		<del></del>
Add				
Remove				<del></del>
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		-		
Add				
Remove		li.		

E. If amending or adding additional Article	 s: enter change(s) here:
(Attach additional sheets, if necessary). (	Be specific)
Add Director Only	
<del></del>	
	<u>                                     </u>
	<u> </u>
· · · · · · · · · · · · · · · · · · ·	-
	<u>.                                    </u>
_	
F. If an amendment provides for an exchan	ge, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	tient if not contained in the amendment itself:
N/A	
	<u> </u>
<del></del>	<u></u>
	<del> </del>

The date of each amendment(s) adoption:, if other than the date 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 document's effective date on the Department of State's records.
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)
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.
09/07/2017 Dated
Signature Sandra D. Reyner
(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)
Sandra G. Joyner
(Typed or printed name of person signing)
Vice -President
(Title of person signing)