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COVER LETTER

TO: Amendment Section

Division of Corpora	tions			•
NAME OF CORPORA	TION: ASON	EO ENVIRON	MENISL RES	TORATION IN
DOCUMENT NUMBE	r: <i>P170</i> 000	083535		
The enclosed Articles of	Amendment and fee are sul			
Please return all correspo	ndence concerning this mat	ter to the following:		
	SIG VAR	-D STENAA	RK	
_		Name of Contact Person		•
_	19345	Firm/Company	Y ST.	
-	HOME.	Address STEAD, FC. City/ State and Zip Code	4 ST. 33034	•
	bigdog Signer Bernand address (to be u)	AOC C	OM notification)	
For further information c	oncerning this matter, pleas	e call:		
SIGVAR	D STENMARK	at (954	, 914-8441	
Name of	Contact Person	Area Coc	le & Daytime Telephone Numbe	r
Enclosed is a check for the	ne following amount made p	payable to the Florida Depar	rtment of State:	
S35 Filing Fee	S43.75 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)	
Ameno Divisio P.O. B	og Address Iment Section on of Corporations ox 6327 assec, FL 32314	Amendi Division Clifton	Address ment Section n of Corporations Building secutive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation

HSONED	ENVIRON MENTSL	RESTURATION	
_	(Name of Corporation as currently	filed with the Florida Dept. of	State)
$PH\alpha$	28 253 00		
	(Document Number of	Corporation (if known)	
Pursuant to the provisions its Articles of Incorporation	s of section 607,1006, Florida Statutes, this F on:	Florida Profit Corporation adopts	s the following amendment(s) to
	nter the new name of the corporation:		
ASOMEO	ENVIRONMENTAL	RESTORATION	IM The new
"Corp.," "Inc.," or Co.,	shable and contain the word "corporation" or the designation "Corp," "Inc," or "Cessional association," or the abbreviation "I	Co". A professional corporation	d" or the abbreviation name must contain the
	office address, if applicable:		
(Principal office address	MUST BE A STREET ADDRESS)		- 25
			The second
			<u> </u>
C. Enter new mailing a			19 11
(Mailing address <u>MA</u>	<u>Y BE A POST OFFICE BOX</u>)		
			
	stered agent and/or registered office addre t and/or the new registered office address:		f the
		•	
<u>Name of New Re</u>	egistered Agent		
	(Florida stre	vet address)	
New Registered		, Flo	orida (Zip Code)
		••	•
	Signature, if changing Registered Agent:		
I hereby accept the appoi	intment as registered agent. I am familiar w	ith 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	PT	John De	oe	
X Remove	<u>V</u>	Mike Ju	ones	
X Add	<u>sv</u>	Sally Si	<u>mith</u>	
Type of Action (Check One)	Title		<u>Name</u>	Address
1) Change				
Add				
Remove				
2) Change				
Add		_		
Remove				
3) Change				
Add		_		
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

If amending or adding additional Arti Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	
<u> </u>	
If an amendment provides for an exchange provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:

The date of each amendment(s) adopt	ion:					, if other than the
date this document was signed.						
Effective date <u>if applicable</u> :						
	(no more tha	an 90 de	ays after ar	mendment _s	file date)	
Note: If the date inserted in this block document's effective date on the Depart			e statutory	filing requ	uirements, t	nis date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)					
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders, ent for approval.	The nu	mber of vo	ites cast for	r the amendi	nent(s)
☐ The amendment(s) was/were approving the separately provided for each						
"The number of votes cast for	the amendment(s) was/	/were si	ufficient for	r approval		
by	(voting group)					
	(voting group)					
☐ The amendment(s) was/were adopted action was not required.	d by the board of direct	tors wit	hout sharel	holder acti	on and share	cholder
selected, b	tor, president or other of y an incorporator – if induciary by that fiduciary	officer in the haiary)	MOV - if directo ands of a re	MANAS ors or office ceciver, tru	ers/hove not stee, or other	been
	SIGVARD				<u>. </u>	
	(Typed or prin					
	\mathcal{P}_{ℓ}	RES	IDEN	5		

(Title of person signing)