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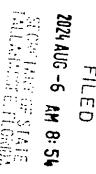
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: J. RUMIYEZ FAMILY SEPTIC, INC.					
DOCUMENT NUMBER: P1900080830					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Jarmin Ramirez Name of Contact Person					
J. Ramirez Family Septic, inc.					
P.D. BOX 1637 (abelle Fl 33975) Address					
City/ State and Zip Code					
Franitez family septicine @ gmail. com E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Jarmin Ramire at (803) 313 2999 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:					
\$\sum_{\text{S43.75 Filing Fee}} \sum_{\text{S43.75 Filing Fee}} \sum_{\text{Certificate of Status}} \sum_{\text{Certificate of Status}} \sum_{\text{Certified Copy}} \text{Certified Copy} \text{(Additional Copy is enclosed)}					
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810					

Tallahassee, FL 32303

Articles of Amendment

to Articles of Incorporation of

J. Ramirer Familia	SPOTIC INC	
(Name of Corporation as curren	itly filed with the Flor	ida Dept. of State)
P190000 808	30	
(Document Number	of Corporation (if know	wn)
Pursuant to the provisions of section 607,1006, Florida Statutes, this Articles of Incorporation:	is Florida Profit Corpo	ration adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:		
NA THE STATE OF TH		The new
name must be distinguishable and contain the word "corporation." "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association." or the abbreviation "P.A.	A professional corpo	ration name must contain the word
B. Enter new principal office address, if applicable:	NA	<u> </u>
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		
		्रिल् हिं _{स्}
		-
C. Enter new mailing address, if applicable:	1110	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	N/II	<u> </u>
		<u>~</u>
		1.4° ° ° ° • ° ° ° ° ° ° ° ° ° ° ° ° ° ° °
D. If amending the registered agent and/or registered office ad	dress in Florida, enter	the name of the
new registered agent and/or the new registered office addre		
Name of New Registered Agent \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
		-
(Florida s	street address)	
New Registered Office Address:		Cleate
New Registered Office Address.	(City)	Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar		digations of the position
Thereby the appointment as registered agent. Tum juminar	with and accept the oc	nigations of the position.
Signature of New	Registered Agent, if che	anging
Check if applicable		
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.	

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>John</u>	Doe	
X Remove	<u>V</u> <u>Mike</u>	· Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	_VS	Jazmin Ramirez	<u>4745 Tice St.</u> <u>Fort myers, F1 33</u> 905
Remove			
2) Change			
Add			
Remove Change			
Add			<u> </u>
Remove			
4) Change			
Add			
Remove			
5) Change	<u>.</u>	· <u> </u>	
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
NIA	
10/11	
	
<u>.</u>	
an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
oroyisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
NA	
	
	<u></u>
	

	, if other than the
date this document was signed.	
Effective date if applicable: 8/1/2024	
(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 document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action action was not required.	and shareholder
☐ 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 statemen must be separately provided for each voting group entitled to vote separately on the amendment(s):	ı
"The number of votes east for the amendment(s) was/were sufficient for approval	
by	
by	
Signature (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)	
Dungland	
(Title of person signing)	