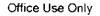
## P960000 26186

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number	)
Certified Copies	Certificate	s of Status
Consideration to		(8.20)
Special Instructions to	raing Oncer.	





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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	DRATION: Terra Firma Assets	, Inc	
	IBER: P96000026186		<del></del>
The enclosed Article	s of Amendment and fee are sul	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	Michael Norman		
		Name of Contact Person	1
	King Street Self Storage		
		Firm/ Company	
	238 W King St.		
		Address	
	St. Augustine Florida 32084		
		City/ State and Zip Code	)
	mnorman 164@comcast.net		
	~	sed for future annual report	notification)
For further informati Michael Norman	ion concerning this matter, pleas	se call: at ( 904	599-2798
Name of Contact Person		at (Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
☐ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address			Address
Amendment Section Division of Corporations		Amendment Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

urrently filed with the Florida Dept. of State)
umber of Corporation (if known)
tes, this Florida Profit Corporation adopts the following amendment
tion:
tion," "company," or "incorporated" or the abbreviation "Corp.,"  Co". A professional corporation name must contain the word  1 "P.A."
N/A
N/A
-
2:
fice address in Florida, enter the name of the address:
address.
lorida street address)
Florida
(City) (Zip Code)
. Florida (City) (Zip Code)  d Agent: familiar with and accept the obligations of the position.
of New Registered Agent, if changing
in a min is a min in

Check if applicable

<sup>☐</sup> The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, 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 = C Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office k 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 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 Cha. Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			N/A
Add			
Remove			
2) Change			
Add			
Remove 3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	-		
Add			
Remove			

· ·	icles, enter change(s) here: (Be specific)
/A	
	<del></del>
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A) /A	

	8/6/2020	
The date of each amends date this document was significant.		, if other than
	8/6/2020	
Effective date if applicab	ble:	
	d in this block does not meet the applicable statutory filing requirements, this does not meet the applicable statutory filing requirements, this does not be Department of State's records.	ite will not be listed as
Adoption of Amendmen	t(s) ( <u>CHECK ONE</u> )	
■ The amendment(s) was action was not required	s/were adopted by the incorporators, or board of directors without shareholder acti d.	on and shareholder
	s/were adopted by the shareholders. The number of votes cast for the amendment as/were sufficient for approval.	(s)
	s/were approved by the shareholders through voting groups. The following statem ovided for each voting group entitled to vote separately on the amendment(s):	ent
"The number of	votes cast for the amendment(s) was/were sufficient for approval	
bv		
_	(voting group)	
Dated_ Signatu	are // www.	<del> </del>
	(By a firector, 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 cou appointed fiduciary by that fiduciary)	
	Michael Norman	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	