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STUDENT STAIL

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: S. O. S. SEPTIC, I	NC.		
DOCUMENT NUM	BER:			
	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	TERRY JACOBSON			
	Name of Contact Person			
		Firm/ Company		
	265 N OXFORD DR			
		Address	<del></del>	
	ENGLEWOOD. FL 34223			
	City/ State and Zip Code			
	LASTRAUSSI@GMAIL.COM			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	n concerning this matter, plea	se call:		
TERRY JACOBSON		at ( <u>941</u>	468-3228	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depo	artment of State:	
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Am Div P.O	endment Section ision of Corporations . Box 6327 ahassec, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 assee, FL 32303	

## Articles of Amendment to Articles of Incorporation of

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2024 APR -1	PHILLS		
Sr	- ' ' ' 4: 43		

S. O. S. SEPTIC, INC.		TOLY APR - 1	PM 4:43
······································	n as currently filed with th		
P97000038597		ا پائر زیسا	"过度强。"
(Docume	ent Number of Corporation (	if known)	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit	Corporation adopts the	he following amendment(s) to
A. If amending name, enter the new name of the con	rporation:		
			The new
name must be distinguishable and contain the word "con "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrev	or "Co". A professional	incorporated" or the corporation name n	abbreviation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADD</u>			<u> </u>
	<del></del>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON	<del></del>		
(Studing address MAT BE A FOST OFFICE BOX		<del>-</del>	
	<del></del>		
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		, enter the name of t	he
Name of New Registered Agent			
	(Florida street address)	· · · · · · · · · · · · · · · · · · ·	··· <del>-</del>
New Registered Office Address:		. Flori	do
New Registered Office Address.	(City)	, rion	(Zip Code)
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I	stered Agent: am familiar with and accept	t the obligations of the	e position,
	,	C. ,	•
Siann	ture of New Registered Agen	Lifehanaina	
зідли	ше с од тен педметен иден	i. g changing	
Check if applicable			

☐ 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, 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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	S, T	LAUREN STRAUSS	265 N OXFORD DR
X Add			ENGLEWOOD, FL 34223
Remove			
2) Change			
Add			
Remove 3 ) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary). (Be specific)	
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<u>f an</u> amendment provides for an exchange, reclassification, or cancellatio	n of issued shares.
f an amendment provides for an exchange, reclassification, or cancellatio provisions for implementing the amendment if not contained in the amen	n of issued shares, dment itself:
provisions for implementing the amendment if not contained in the amen	n of issued shares, dment itself:
f an amendment provides for an exchange, reclassification, or cancellatio provisions for implementing the amendment if not contained in the amen (if not applicable, indicate N/A)	n of issued shares, dment itself:
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The date of each amendment(s):	doption:	, if other than the
date this document was signed.	20/2024	
Effective date if applicable:		<del></del>
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this epartment of State's records.	s date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adaction was not required.	opted by the incorporators, or board of directors without shareholder	action and shareholder
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendmufficient for approval.	ent(s)
	proved by the shareholders through voting groups. The following star each voting group entitled to vote separately on the amendment(s):	tement
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
03/20/202	4	
Signature (By a control of the contr	lirector, president or other officer – if directors or officers have not be ed, by an incorporator – if in the hands of a receiver, trustee, or other	een
	ted fiduciary by that fiduciary)	court
	TERRY JACOBSON	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	