## P98000098852

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05/10/21--01017--002 \*\*85.00

J. FASON JUN 25 2021

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: JIMMY'S SANITA	ARY SERVICE, INC	
DOCUMENT NUM	IBER: P98000098852		
	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	Jarrod M. Scharber		
		Name of Contact Persor	1
	Scharber Law Group PA		
		Firm/ Company	<del></del>
	14010 21st Street		
		Address	
	Dade City / FL 33525		
		City/ State and Zip Code	<del></del>
For further informati	on concerning this matter, please		
Jarrod M Scharber		at (	
Name	of Contact Person	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	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ar Di P.0	nendment Section vision of Corporations D. Box 6327 Ilahassec, FL 32314	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

HMMY'S SANITARY SERVICE INC

JIMMY'S SANITARY SERVICE, INC			
(Name of Corporation as curr	ently filed with the Florida De	ept. of State)	
P98000098852			
(Document Number	er of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, t its Articles of Incorporation:	his Florida Profit Corporation	adopts the following amo	endment(s) to
A. If amending name, enter the new name of the corporation	<u>:</u>		
		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 professional corporation	1" or the abbreviation "C name must contain the	orp.," word
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADDRESS</u> )			
	<del> </del>		<del></del>
		<u> </u>	<del></del> _
o n			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
D. If amending the registered agent and/or registered office a	address in Florida, enter the t	same of the	
new registered agent and/or the new registered office add			
Name of New Resistand Agent			
Name of New Registered Agent			
(Fioria	a street address)		
New Registered Office Address:		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Ag I hereby accept the appointment as registered agent. I am famil	<u>zent:</u> iar with and accept the obligati	ions of the position.	
, nor co, accept me appearance as a square a square	, o		
		721	
Signature of Ne	w Registered Agent, if changin	2021 1:	
Check if applicable		0	
Check if applicable  ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (	(11) (e), F.S.		٤.
	• • •	=======================================	ب

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)

Example:

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 Do	<u>oe</u>	
X Remove	Y	Mike Jo	ones	
X Add	<u>sv</u>	Sally Sn	<del>nith</del>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	T		TEAL LEIBFREID	38140 MICHAEL ST
XAdd				DADE CITY, FL 33525
Remove				
2) Change		_		
Add				
Remove Change		_		
Add				<del></del>
Remove				
4) Change		_		
Add				
Remove				
5) Change		<del></del>		
Add				
Remove				
6) Change		_		
/ Add				
Remove				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
for amondment provides for an eval	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)	

•

	05/03/2021	
The date of each amendment	t(s) adoption:	if other than the
date this document was signed		
	05/03/2021	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date will be department of State's records.	l not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we action was not required.	re adopted by the incorporators, or board of directors without shareholder action and	i shareholder
☐ The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
☐ The amendment(s) was/we must be separately provide	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	2021
•	s cast for the amendment(s) was/were sufficient for approval	2021 HAY 1 O
by	"	0
	(voting group)	
		AH :
	T E Acad	ر, =
Dated	5-5-2021	 ယ
Signature	Test Leibtreid	- -
T T	By a prector, president or other officer if directors or officers have not been	
	elected, by an incorporator - if in the hands of a receiver, trustee, or other court	
a	ppointed fiduciary by that fiduciary)	
	TEAL LEIBFREID	
	(Typed or printed name of person signing)	
	REGISTERED AGENT	
	(Title of person signing)	