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SECRETARY OF STATE
ANASSEE, FLORIDA

Amend Theurs 10-28-08

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: WORLDWI	DE SCRAP METALS IN	IC
DOCUMENT NUMBER: P0700009017	8	I
The enclosed Articles of Amendment and fee a	re submitted for filing.	
Please return all correspondence concerning thi	s matter to the following:	
	IA. AI.VARO of Contact Person)	
	SCRAP METALS INC m/ Company)	+
	ALVA STREET (Address)	
	IPA, FL 33614 tate and Zip Code)	
For further information concerning this matter,	please call:	
ALVARO VALENCIA (Name of Contact Person)	at (<u>813</u>) <u>900-008</u> (Area Code & Daytime	
Enclosed is a check for the following amount m	nade payable to the Florida Dep	partment of State:
✓ \$35 Filing Fee	□ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Ci	rcle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

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WORLDWIDE SCRAP METALS INC	SEFOR S
(Name of Corporation as currently filed with the Florida Dept. of State)	TORIE
	'O _Z
(Document Number of Corporation (if known)	 u
suant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corpo	ration adopts the

Purs

following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation	<u>n:</u>	
The new name must be distinguishable and contain the "incorporated" or the abbreviation "Corp.," "Inc.," or Co., "Co". A professional corporation name must contain association," or the abbreviation "P.A."	" or the designation	"Corp," "Inc," or
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
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 new registered agent and/or the new registered office add Name of New Registered Agent:		nter the name of the
New Registered Office Address: (Florid	da street address)	
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am f		ent the obligations o

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)

Title	Name	Address	Type of Action
<u>VP</u>	SUAREZ-OLGA-E	4315 ALVA STREET TAMPA FL 33614	Add Remove
			Add Remove
			☐ Add ☐ Remove
	g or adding additional Articles, enter clional sheets, if necessary). (Be specific		
provisions	dment provides for an exchange, reclasion for implementing the amendment if no applicable, indicate N/A)		

The	date of each amendment	t(s) adoption: <u>10-08-2008</u>
Effe	ective date <u>if applicable</u> :	10-08-2008
		(no more than 90 days after amendment file date)
Ado	option of Amendment(s)	(<u>CHECK ONE</u>)
	The amendment(s) was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
		re approved by the shareholders through voting groups. The following statement of for each voting group entitled to vote separately on the amendment(s):
	"The number of votes	cast for the amendment(s) was/were sufficient for approval
	by	
		(voting group)
_ ;	action was not required.	re adopted by the board of directors without shareholder action and shareholder re adopted by the incorporators without shareholder action and shareholder
	action was not required.	and the state of t
	Dated 10	4/1000 Valereia.
	(By sele	a director, president or other officer – if directors or officers have not been exted, by an incorporator – if in the hands of a receiver, trustee, or other court winted fiduciary by that fiduciary)
		ALVARO VALENCIA
		(Typed or printed name of person signing)
		PRESIDENT
		(Title of person signing)