P22000046650

(1	Requestor's Name)			
(.	Address)			
(.	Address)			
(City/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				

Office Use Only



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2022 DEC -7 AM 9: 04

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ALLAHASSEE, FLORIC

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FLORIDA CAPITAL COURIER S 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-624	SERVICES, INC
PLEASE USE FUNDS FROM TH AUTHORIZATION SIGNATURE	IS ACCOUNT: 120210000160 AMOUNT: \$43.75
SWFL WASTE SYSTEM Inc. Business	P22000046650 Doc. #
Walk in	Pick up time
Mail out	Will wait
Photocopy	
_XCertified Copy	
Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication Other CORP	_XAmmendmentResignation of R.A. Officer/DirectChange of Registered AgentDissolution/WithdrawalMergerConversion
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filingLimited Partnership
Fictitious Name	Reinstatement
APOSTIL () Country AMINER'S INITIALS:	Other



December 6, 2022

FLORIDA CAPITAL COURIER SERVICES INC

TALLAHASSEE, FL 32309

SUBJECT: SWFL WASTE SYSTEMS INC.

Ref. Number: P22000046650

We have received your document for SWFL WASTE SYSTEMS INC. and the authorization to debit your account in the amount of \$43.75. However, the document has not been filed and is being returned for the following:

The document is illegible and not acceptable for imaging.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

The capacity of the officer/director signing should be indicated. Ex. President, Vice President, Chairman of the Board, etc.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6823.

Annette Ramsey OPS

Letter Number: 322A00026990

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: SWEL Waste Sys	tems Inc.			
	(BER: <u>P22000046650</u>				
The enclosed Article	ov of Amendment and fee are so	abmitted for filing			
Please return all con	respondence concerning this ma	atter to the following:			
	Daniel Cruz				
	Name of Contact Person				
	SWFL Waste Systems Inc.				
		Finn' Company			
	2005 Bluebonnet Street				
	Address				
	Orlando Florida 32807				
		City' State and Zip Coc	le		
	Danielio swfl-wastesystems.c	ouni			
	·	sed for future annual repor	1 notification)		
		·			
for further informati	on concerning this matter, plea	se call:			
Daniel Cruz		407	459.9370		
Name	of Contact Person	Area Code & Daytime Telephone Number			
Inclosed is a check t	or the following amount made	payable to the Florida Dep	sartment of State:		
2 \$35 Filling Fee	ES43.75 Filing Fee & Certificate of Status	■ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	SS2.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Muiting Address			Address		
	nendment Section Assion of Corporations	Amendment Section			
). Box 6327	Division of Corporations The Centre of Tallahassee			
	lahaswe, FL 32314	2415 N. Monroe Street, Suite 810			

Fallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

SWFL Waste Systems Inc.	2022 DEC -7 AM 9: 04
(Name of Corporat	ion as currently filed with the Florida Dept. of State)
P22000046650	
(Docu	ment Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florid its Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the c	orporation:
name must be distinguishable and contain the word "c "Inc.," or Co.," or the designation "Corp," "Inc. "chartered," "professional association," or the abbr	orporation." "company," or "incorporated" or the abbreviation "Corp.," " or "Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET AD</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>DX</u>)
D. If amending the registered agent and/or registe new registered agent and/or the new registered	red office address in Florida, enter the name of the office address:
Name of New Registered Agent	
	(Florida street address)
<u>New Registered Office Address;</u>	, Florida
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	<u>vistered Agent:</u> I am familiar with and accept the obligations of the position.
Sign	ature of New Registered Agent, if changing

Check if applicable

 \square 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.

Example:

X Change	<u>T4</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	þ	DANIEL CRUZ	2605 BLUEBONNET STREET
Add			ORLANDO, FL 32807
XRemove			
2) Change	P	LILIAN LAGARDERA	12252 SW 1ST STREET
X Add		, , , _ , _ , _ , _ , _ , _ , _ , _ , _	MIAMI, FL 33184
Remove Change	*		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		· · · · · · · · · · · · · · · · · · ·	<u> </u>
Add			
Remove			
5) Change			
Add			
Remove			

(Attach at	ng or adding additional A ditional sheets, if necessary	orienes, enjer engage u = 18a ossailia	UN ticie:		
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F. <u>If an ame</u>	adment provides for an ex	change, reclassifica	tion, or cancellation	of issued shares.	
<u>provisio</u>	<u>is for implementing the an</u>	neadment if not con	tained in the amen	Iment liself:	
(21.416	t applicable, indicate $N(t)$				
					
					
 					
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The date of each amendment(s) date this document was signed.	adoption:	, if other than the
•		
Effective date if applicable:		
	(no more than 90 days after amendmen	t file dater
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing re- Department of State's records.	quirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors witho	out shareholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast f sufficient for approval.	or the amendment(s)
☐ The amendment(s) was/were a must be separately provided for	pproved by the shareholders through voting groups. The are each voting group entitled to vote separately on the a	e following statement imendment(s):
	st for the amendment(s) was/were sufficient for approva	ıi
by	(voting group)	
	(voting group)	
12/5/2023 Dated Signature	1460	
(B√a select	director president or other officer – if directors or officed, by an incorporator – if in the hands of a receiver, trunted fiduciary by that fiduciary)	
	DANIEL CRUZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	