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COVER LETTER

TO: Amendment Section Division of Corporations

Pag	O00086137
DOCUMENT NUMBER.	
The enclosed Articles of Amendment and fee are su	iomitted for fitting.
Please return all correspondence concerning this ma	tter to the following:
ROSA BARE	
	Name of Contact Person
INTERCITY	DISPOSAL CORP.
	Firm/ Company
3355 NW 41 S	STREET
	Address
MIAMI, FL. 33	
	City/ State and Zip Code
ROSIE@STDBU	LK.COM
	sed for future annual report notification)
For further information concerning this matter, plea	se call:
ROSA BARBON	at (305) 637-5567
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Department of State:
\$35 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address	Street Address
Amendment Section	Amendment Section Division of Corporations
Division of Corporations P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Articles of Amendment to Articles of Incorporation

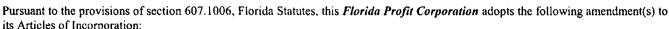
INTER CITY DISPOSAL CORP.

TALLAHASSEE MECANDA



P99000086137

(Document Number of Corporation (if known)



	ain the word "corporation," "company,		
Corp.," "Inc.," or Co.," or the designo ord "chartered," "professional associat	ation "Corp," "Inc," or "Co". A profes tion," or the abbreviation "P.A."	ssional' corporat	ion name must co
Enter new principal office address, i rincipal office address <u>MUST BE A ST</u>			
m			
Enter new mailing address, if applie			
(Mailing address <u>MAY BE A POST C</u>	OFFICE BUX)		
(Mailing address <u>MAY BE A POST (</u>	——————————————————————————————————————		
(Mailing address <u>MAY BE A POST C</u>			
If amending the registered agent and	d/or registered office address in Florida	, enter the nam	e of the
If amending the registered agent and new registered agent and/or the new	d/or registered office address in Florida	, enter the name	e of the
If amending the registered agent and	d/or registered office address in Florida v registered office address:	, enter the nam	e of the
. If amending the registered agent and new registered agent and/or the new	d/or registered office address in Florida v registered office address:	, enter the nam	e of the
. If amending the registered agent and new registered agent and/or the new	d/or registered office address in Florida v registered office address: N/A (Florida street address)	enter the nam	
. If amending the registered agent and new registered agent and/or the new Name of New Registered Agent	d/or registered office address in Florida v registered office address: N/A (Florida street address)		
. If amending the registered agent and new registered agent and/or the new Name of New Registered Agent	d/or registered office address in Florida v registered office address: N/A (Florida street address)		

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: XChange	<u>PT</u>	John Doe	
X Remove	\underline{v}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add _X Remove	SD	LUISA MIJARES	3355 NW 41 STREET MIAMI, FLORIDA, 33142
2) Change Add Remove	SD	ROSA M. MIJARES	3355 NW 41 STREET MIAMI. FLORIDA, 33142
Change X Add Remove	V	ALBERT E. LUER	3355 NW 41 STREET MIAMI, FLORIDA, 3342
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

f amending or adding additional Artication and attach additional sheets, if necessary).	(Be specific)
N/A	
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
11//	

The date of each amendment(s) adoption: __JUNE 22, 2012 JUNE 22, 2012 Effective date if applicable: (no more than 90 days after amendment file date) Adoption of Amendment(s) (CHECK ONE) ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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 🗏 The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. Signature By a director, 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 court appointed fiduciary by that fiduciary) RAMON MIJARES (Typed or printed name of person signing) **PRESIDENT** (Title of person signing)