# P1600050620

(Re	equestor's Name)	
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SECRETARY OF STATE CORPORATION

JUN 27 2016

**C LEWIS** 

COVER LETTER®
TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Waste Masters Inc.  DOCUMENT NUMBER: P1600050620
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Salvatore Grasso
Waste Stastus Suc.
3840 W HUS bow Blod 140.
Address DCU, FL 33447.  City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Salvatore of Jennifer Chrusso at 154, 348-7550 92-9.7074
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  Certificate of Status  Certified Copy (Additional copy is enclosed)  \$35.50 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 Circle Tallahassee, FL 32301

### Articles of Amendment

## to Articles of Incorporation

FILED SECRETARY OF STATE

	of	BIVISION OF CORPORATION
Waste Mas	ters Inc.	2016 JUN 2 I PM 12: 40
Pila (Name of Corpo	oration as currently filed with the Florid $O(\rho Q O)$	la Dept. of State)
(De	ocument Number of Corporation (if known	n)
ursuant to the provisions of section 607.1006, Florance Sec	orida Statutes, this <i>Florida Profit Corpore</i>	ation adopts the following amendment(s)
If amending name, enter the new name of the	he corporation:	
ame must be distinguishable and contain the Corp.," "Inc.," or Co.," or the designation "C ord "chartered," "professional association," or	Corp," "Inc," or "Co". A professional o	
Enter new principal office address, if applic Principal office address <u>MUST BE A STREET</u>		
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	= ROX)	
(		
. If amending the registered agent and/or reg new registered agent and/or the new registe	zistered office address in Florida, enter t ered office address:	the name of the
Name of New Registered Agent		
	(Florida strect address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
ew Registered Agent's Signature, if changing hereby accept the appointment as registered age	Registered Agent: ent. I am familiar with and accept the obl	ligations of the position.
**************************************	Signature of New Registered Agent. if cha	inging

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	PT John I	<u> Doe</u>	
X Remove	V Mike J	<u>Iones</u>	
_X Add	SV Sally S	<u>Smith</u>	
Type of Action (Check One)	Title	Name .	Address
1) Change	<u> </u>	STEVE Bawkins	
AddRemove			Derfield Beh, FL 33442
2) Change	<u>S</u>	Jennifer Grasso	Deerfield Beh, FL 33442 3840 W Hillso boro Blue
Add Remove			Derfield Bch, 5344
3) Change			
Add			
Remove			
4) Change	<del></del>		
Add			
Remove			
5) Change	<del>, · · · · ·</del>		
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)
• • • • • •	
4	T.
\$1-34807 87-14-7-7-	•
an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
an amendment provides for an exclurovisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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The date of each amendment(s) adoption:  date this document was signed.  Effective date if applicable:  (no more than 90 days after amendment file date)	, if other than the  FILEU SECRETARY OF STAIL JIVISION OF CORPORATION  2016 JUN 2   PM 12: 40
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this dedocument's effective date on the Department of State's records.	ate will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(by the shareholders was/were sufficient for approval.	(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required.	ler
☐ 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 office)—if directors or officers have not been selected, by an incorporator—if in the hands of a receiver, trustee, or other couppointed fiduciary by that fiduciary)  (Typed or printed name of person signing)  (Title of person signing)	