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COVER LETTER

TO: Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

WASTE Systems Corp NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: DSUE E A VARADO
Name of Contact Person SOSUE E ALVARADO Firm/Company 2111 NW 23 AVE Miami FL 33142
City/State and Zin Code COCO a cocotree service corp. (on E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call; OSUE E Alvara DO at 305 728 9445

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 □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

	Articles of Am	endment		
,	to Articles of Inco	racration		
	of	i poracion		
Coco Was	STE SYSTE	ems corf	>	
	Corporation as currently	filed with the Florida D	ept. of State)	
P1700	00080704	ł		
•	(Document Number of O	Corporation (if known)		
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	06, Florida Statutes, this F	lorida Profit Corporation	adopts the folk	owing amendment
A. If amending name, enter the new name	of the corporation:			
				The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association	on "Corp," "Inc," or "C	o". A professional corp	rporated" or the oration name m	ne abbreviation nust contain the
B. Enter new principal office address, if a (Principal office address MUST BE A STR)				
				
C. Enter new mailing address, if applicat		2111 N	ii) つっ	AVE
(Mailing address MAY BE A POST OF)	FICE BUX)		<u> </u>	
		MIRMI	, FI :	33142
 If amending the registered agent and/o new registered agent and/or the new re 		ss in Florida, enter the n	ame of the	
	Estered office address.	E Alva	0 0 D	
Name of New Registered Agent	<u> </u>			
	2111 NU	0 23 AVE	- 	
	(Florida stree	-		. 0
New Registered Office Address:	MIAM		Florida	33142
	(0	Tity)	1	Zip Code)
				\ 3
New Registered Agent's Signature, if chan	ging Registered Agent:			
I hereby accept the appointment as registered	d agent. I am familiar wi	th and accept the obligati	ons of the positi	en T
	0-			22 7
	Signature of New Re	gistered Agent, if changin		
-			•	و الم

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>PT</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>	Name	<u>Addres</u> s		
1) Change	VP	GEOVANNY E RAMOS	3351 SW 29 Terrace		
Add			MIAMI, FL 33/33		
X Remove					
2) Change		ANA 6 LOPEZ RAMES	335/ SW 29 Torrace		
Add		·	MIAMI, F1 33133		
X Remove					
3) Change					
Add					
Remove					
4) Change		·			
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	· · · · · · · · · · · · · · · · · · ·
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
_N/A	
/// / []	
- 14/15	
- 14/13	

The date of each amendment(s) adoption: 12 20 2017 . if other than the
date this document was conned
Effective date if applicable: $ 20 20 7$
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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
by
(voting group)
☐ 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.
Dated 12/20/2017
Signature
(Byardirector, 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)
$\frac{\text{JOSUE } E \text{ Alvarado.}}{\text{(Typed or printed name of person signing)}}$
(Typed or printed name of person signing)
PRESIDENT.
(Title of person signing)