H56271

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A. Butter

COVER LETTER

TO: Amendment Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations	•
NAME OF CORPORATION:	Uniform Recycling
DOCUMENT NUMBER:	H56271
The enclosed Articles of Amendment and	fee are submitted for filing.
Please return all correspondence concernin	g this matter to the following:
	Elizabeth Shapiro Name of Contact Person
	Unitorm Recycling
	8385 Iron horse Court
	West Palm Beach, Fl. 33 412 City/ State and Zip Code
E-mail address	COOK rag @ aol. com (to be used for future annual report notification)
For further information concerning this ma	tter. please call:
Elizabeth 5 Name of Contact Person	NADIYO at (501) 656-2413 Area Code & Daytime Telephone Number
Enclosed is a check for the following amou	ant made payable to the Florida Department of State:
\$35 Filing Fee S43.75 Filing Certificate of	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

	Articles of Incorporation	
	Iniform Reci	10 100 P. 1 P. 23 PH 12: 43
(Name of Corp	poration as currently filed with the Florid	Dept. of State)
	H56211	OF STATE
(1	Document Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Fits Articles of Incorporation:	Florida Statutes, this Florida Profit Corpora	tion adopts the following amendment(s) to
A. If amending name, enter the new name of	the corporation:	
		The new
name must be distinguishable and contain the wo "Inc.," or Co.," or the designation "Corp," "chartered," "professional association," or the	"Inc," or "Co". A professional corpora	
B. Enter new principal office address, if appl (Principal office address MUST BE A STREET		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	YE BOX)	
	-	
 If amending the registered agent and/or re- new registered agent and/or the new registered. 		he name of the
Name of New Registered Agent	Elizabeth S	shapiro
	(Florida street address)	
V D : 1000	,	
New Registered Office Address:	(City)	Florida (Zip Code)
		·
New Registered Agent's Signature, if changin I hereby accept the appointment as registered ag		and the second state of th
i nereny accept the appointment as registered ag	ет. Тат јатиа жин ина иссерствоот	ganons ty the position.
	Elizabeth Slan	H Ø)
	Signature of New Registered Agent, if chan	ging

Check if applicable

☐ 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)

Example:

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	<u>PT</u>	John Do	<u>oe</u>		
X Remove	<u>V</u>	Mike Je	nes		
X Add	<u>SV</u>	Sally Si	<u>nith</u>		
Type of Action (Check One)	Title		Name		Address
i) Change	P	<u></u>	Mark	Shapiro	^ -
Add					
X Remove	\circ			11 0	F1,33412
2) Change	P		Elizab	eth Shapir	
X_ Add					W. Palm Beach, Ct.
Remove Change		_		**************************************	<u>Fl.</u> 33413
Add					
Remove					
4) Change		_			
Add					
Remove					
5) Change					
Add					
Remove					
6) Change		_			
Add					
Remove					

ttach additional sh	ling additional Articles, enter change(s) here: neets, if necessary). (Be specific)
·	
4.	
f an amendment p	rovides for an exchange, reclassification, or cancellation of issued shares, plementing the amendment if not contained in the amendment itself:
(if not applicat	ble, indicate N/A)
·	<u> </u>
1.11	
<u>,</u>	
	/ / / / / / / / / / / / / / / / / / /

The date of each amendment(s) ad date this document was signed.	option:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment f	île date)
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requ partment of State's records.	irements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without	shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for flicient for approval.	the amendment(s)
	roved by the shareholders through voting groups. The each voting group entitled to vote separately on the am	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		,
	(voting group)	
Dated	8/18/2021	
Signature	Suralleth Shapello	
	rector, president or other officer – if directors or officer	
	, by an incorporator – if in the hands of a receiver, trus ed fiduciary by that fiduciary)	tee, or other court
• •	TII-Abath C	hanica
	E112aDe111 0	<u> 1000110 </u>
	(Typed or printed name of person signing)	,
	President	
	(Title of person signing)	