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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	DADE WASTE HA	ULERS COUNCIL	INC		
DOCUMENT NUMBER:	N47288			_	
The enclosed Articles of Ar	nendment and fee are sub	mitted for filing.			
Please return all correspond	lence concerning this matt	er to the following:			
Mr. Luuciano Isla, Esq.					
	., .	(Name of Contact	Person)		
Mr. Luciano Isla, PA					
		(Firm/ Compa	ny)		
6625 Miami Lakes Drive, S	Suite 424.				
		(Address)			
Miami Lakes, Fl 33014					
		(City/ State and Zi	p Code)		
lucianoisla@bellsouth.net					
	E-mail address: (to be used	I for future annual r	eport notifies	ition)	
For further information con-	cerning this matter, please	call:			
Mr. Luciano Isla, Esq			305	556-42-68	
	(Name of Contact Person	.)	(Area Cod	le) (Daytime Telephone	Number)
Enclosed is a check for the	following amount made p	ayable to the Florida	a Department	of State:	
☐ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fe Certified Copy (Additional copy enclosed)	Ce / is — Ce (A	2.50 Filing Fee artificate of Status artified Copy dditional Copy is nelosed)	

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address
Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

DADE WASTE HAULERS COUNCIL, INC. (Name of Corporation as currently filed with the Florida Dept. of State) N47288 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: FLORIDA WASTE HAULERS & RECYCLERS COALITION, INC. name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

	(no more than 90 days after amendment file da	ne)
Effective date <u>if applicable</u> :	June 23,2020	
The date of each amendmen date this document was signed		, if other than th
		
		
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The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

	June 23,2020
Dated	
Signatur	X
	(By the chairman or viec chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Mr. John Lawson, Jr.
	(Typed or printed name of person signing)
	Director
	(Title of person signing)