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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	DRATION: POLLUTION STO	OPPERS INC		
DOCUMENT NUN	IBER:			
The enclosed Article	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	itter to the following:		
	RAFAEL VASCONEZ			
		Name of Contact Person	II	
	REV MULTI SERVICE INC	•		
		Firm/ Company		
	16499 NE 19 AVE. SUITE 2			
	Address			
	NORTH MIAMI BEACH, F	L. 33162		
		City/ State and Zip Cod	e	
	REVMULTISERVICE@AO	L.COM		
	E-mail address: (to be u	sed for future annual report	notification)	
For further informati	on concerning this matter, plea		788 5207	
Name of Contact Person		at (	788 5207 de & Daytime Telephone Number	
	or the following amount made			
S35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tailahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

OLLUTION STOPPERS INC.	
(Name of Corporation as currently fil	led with the Florida Dept. of State)
0000089806	
(Document Number of Co	orporation (if known)
ursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flor</i> s Articles of Incorporation:	rida Profit Corporation adopts the following amendment(s
. If amending name, enter the new name of the corporation:	
<del></del>	_The new
ame must be distinguishable and contain the word "corporation," "complies," or Co.," or the designation "Corp," "Inc," or "Co". A prochartered," "professional association," or the abbreviation "P.A."	pany," or "incorporated" or the abbreviation "Corp.," rofessional corporation name must contain the word
. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u> )	
-	20
-	
Enter new mailing address, if applicable:	· · · -
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
_	
	= -
. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	ن in Florida, enter the name of the C.
Name of New Registered Agent	
(Florida street a	Aldrews
(Florida street a	iaaress)
New Registered Office Address: (City	, Florida ed(Zip Code)
(Cir)	,,,
ew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with	
Signature of New Regis.	dered Agent, if changing

☐ 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)

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 Jo</u>	olin Doe	
X Remove	<u>V</u> <u>M</u>	like Jones	
X Add	<u>SV</u> <u>Si</u>	ally Smith	
Type of Action (Check One)	Title	Name	Address
	VP	RONDON REYKELD	13950 WEST DIXIE HWY
1) ChangeXXX Add			NORTH MIAMI, FL. 33161
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			•
Add			
Remove			

Attach additional sheets, if necessary).	ticles, enter change (Be specific)			
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				<del></del>
an amendment provides for an exc	hange, reclassif <u>ic</u> a	tion, or cancellat	ion of issued sh:	ires,
provisions for implementing the am	endment if not con	tained in the am	<u>endment itself:</u>	
(if not applicable, indicate N/A)				
		-		
			<del>-</del>	
			<del></del>	

	AUGUST 10, 2020	, if other than th
The date of each amendment(s) addate this document was signed.	option:	
Effective date if applicable:		
Effective date in approximate	(no more than 90 days after amondment file d	ate)
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requirempartment of State's records.	nents, this date will not be listed as th
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 share	reholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for the fficient for approval.	amendment(s)
☐ The amendment(s) was/were app must be separately provided for	toved by the shareholders through voting groups. The followards voting group emitted to vote separately on the amenda	owing statement ment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
<u> </u>	(voting group)	
AUGUST 1 Dated		
Signature	Part	
selected	rector, president or other officer – if directors or officers ha l, by an incorporator – if in the hands of a receiver, trustee, ed fiduciary by that fiduciary)	eve not been or other court
•••	REYNOL RONDON	
	(Typed or printed name of person signing)	
	PRESIDENT	

(Title of person signing)