## P01000060596

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DIVISION OF CORPORATION

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## COVER LETTER :

TO: Amendment Section Division of Corporations E-SCRAP, INC. NAME OF CORPORATION: P01000060596 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: FRANK C. SIMONE, ESQ. Name of Contact Person FRANK SIMONE, P.A. Firm/ Company 701 BRICKELL AVENUE, SUITE 1550 Address MIAMI, FL 33131 City/ State and Zip Code FRANK@FRANKSIMONE.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: FRANK SIMONE 305 2218000 Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **■**\$43.75 Filing Fee & □ \$35 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
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



E-SCRAP, INC. (Name of Corporation as currently filed with the Florida Dept. of State) P01000060596 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." N/A B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) N/A 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: FRANK SIMONE, P.A. Name of New Registered Agent 701 BRICKELL AVENUE #1550 (Florida street address) MIAMI 33131 New Registered Office Address: Florida (Zip Code) (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I app-familiar with and accept the obligations of the position.

I hereby accept the appointment as registered agent. I app familiar with and accept the obligations of the position

Signature of New Registered Agent, if changing

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 Remove         V         Mike Jones           X Add         SV         Sally Smith           Type of Action (Check One)         Title         Name         Address	11TH AVENUE L 33013
Type of Action Title Name Address	
	_ 33013
Add HIALEAH, FL	·
Remove	
2) Change TD CATHERINE FERY 2220 EAST 1	11TH AVENUE
Add HIALEAH, FL	33013
Remove	
Change PDT GUSTAVO SALIVA 2220 EAST 1	11TH AVENUE
Add HIALEAH, FL	_ 33013 
Remove	
4) Change N/A	
Add	
Remove	
5) Change N/A	
Add	<del> </del>
Remove	
N/A	
6) Change	
Add	

(Attach additional sheets, if necessary). (Be specific)		
N/A		
. =		
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. <u>If ar</u> pro	n amendment provides for an exchange, reclassification, or cancellation of issued shares, pvisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	
N1/A		
N/A 		

**NOVEMBER 13, 2014** PH 2: 61 if other than the The date of each amendment(s) adoption: date this document was signed. **NOVEMBER 13, 2014** Effective date if applicable: (no more than 90 days after amendment file date) 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 (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. 13 Havember 2014 Signature (By a director, president or other efficer - 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) (Typed or printed name of person signing)