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Amend

JUL 2 6 2012

T. BROWN

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: VIKING U	JSED AUTO REC	YCLING, INC.
DOCUMENT NUMBER: P010000998		
The enclosed Articles of Amendment and fee are		
Please return all correspondence concerning this	matter to the following:	
PIERRE PANC	ORVO	
	Name of Contact Persor	1
VIKING USED	AUTO RECYCLIN	IG, INC.
	Firm/ Company	**************************************
1624 STATE R	OAD 60 WEST. S	TE B
	Address	· · · · · · · · · · · · · · · · · · ·
LAKE WALES,	FL 33859	
	City/ State and Zip Code	2
vikingrecycling@ho	otmail.com	
	e used for future annual report	notification)
For further information concerning this matter, p	lease call:	
PIERRE PANCORVO	at (863	6798969
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount ma	de payable to the Florida Depa	artment of State:
\$35 Filing Fee	_	☐\$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	Amend Divisio Clifton	Address Iment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



VIKING USED AUTO RECYCLING, INC.

(Name of Corporation as currently)	<u>filed with the Flor</u>	ida Dept. of State)		
P01000099850				
(Document Number o	f Corporation (if ki	iown)		•
Pursuant to the provisions of section 607.1006, Floric its Articles of Incorporation:	da Statutes, this <i>Flo</i>	<i>rida Profit Corporation</i> ad	opts the following	amendment(s) to
A. If amending name, enter the new name of the c	corporation:			
				The new
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corpword "chartered," "professional association," or the	p," "Inc." or "Co	". A professional corpora		
B. Enter new principal office address, if applicable	le:			
(Principal office address <u>MUST BE A STREET AD</u>	DRESS)			
	•			
C. Enter new mailing address, if applicable:				
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u>OX</u>)			
D. If amending the registered agent and/or register		s in Florida, enter the nan	e of the	
new registered agent and/or the new registered				
Name of New Registered Agent LUZ G	ARCIA			
1624 S	TATE ROAD	60 WEST. STE B		
- 	(Florida street	,		
New Registered Office Address: LAKE	WALES	. Florida '	33859	
	(City)		(Zip Code)	
,)		
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.		n and accent the obligation	e of the position	
Thereby decept me appointment as registered agent.		tal	og the position.	
Sizuatura A	days Our followed Area	S Colombia		
Signature of N	lew Registered Age	nt, ij enanging		
_	β			

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> <u>John</u>	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	e Jones	
X Add	SV Sally	<u>/ Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PD	VICTOR PANCORVO	1624 STATE ROAD 60 WEST. STE B
Add			LAKE WALES, FL 33859
X Remove			
2) X Change	VD	LUZ GARCIA	1624 STATE ROAD 60 WEST. STE B
Add			LAKE WALES, FL 33859
Remove	DD	DIEDDE DANCODVO	4004 OTATE DOAD SO WEST STED
3) X Change	PD	PIERRE PANCORVO	1624 STATE ROAD 60 WEST. STE B
Add			LAKE WALES, FL 33859
Remove			
4) Change	CFOD	WAYNE MASSEY	1624 STATE ROAD 60 WEST. STE B
X Add			LAKE WALES, FL 33859
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	
	(Be specific)
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If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and and an analysis and analysis and an analysi
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provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:

The date of each amendment	t(s) adoption: U//21/2U12
Effective date <u>if applicable</u> :	07/21/2012
<u></u>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/weby the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):
"The number of votes	s cast for the amendment(s) was/were sufficient for approval
by	(voting group)
action was not required. The amendment(s) was/we	re adopted by the board of directors without shareholder action and shareholder re adopted by the incorporators without shareholder action and shareholder
Signature _	21/2012 July bose
S	By a director, president of other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)
	PIERRE PANCORVO
	(Typed or printed name of person signing)
	PD
	(Title of person signing)