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A MICHIGA

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ration: A.F.	Recycling &	Waste, Inc.
DOCUMENT NUM	BER: <u>P050</u>	0011059	12
The enclosed Articles	of Amendment and fee are	submitted for filing.	
	spondence concerning this m		
	Ahro		he
		Firm/ Company	0
	•	Address Raten FL City/ State and Zip Coo	33496
-		City/ State and Zip Coo	
For further information	concerning this matter, plea	se call:	
Ahron	Farache	at ( 954	_,_803-6887
Name of	Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ameno Divisio P.O. B	ng Address dment Section on of Corporations ox 6327 assee, FL 32314	Amend Division The Ce	Address ment Section n of Corporations entre of Tallahassee 1. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment

to

Articles of Incorporation

A.F. Recycling & Waste , Inc.	
(Name of Corporation as currently filed with the Florida Dept. of State	<u>e</u> )
V05000 1105 92	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the its Articles of Incorporation:	following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the absence, "or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must "chartered," "professional association," or the abbreviation "P.A."	The new breviation "Corp.," t contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter now moiling add the second	70.55
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	•
	<u> </u>
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 Ahron Farache	<del></del>
8531 Via Romana (Florida street address)	
New Registered Office Address: Both Raten (City)	33496 (Zip Code)
	(Zip Coise)
lew Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the pos	ition.
- CO )200/c	
Signature of New Registered Agent, if changing	
heck if applicable	

C

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

(Attach additional she Please note the office P = President; V= V Executive Officer; CF President, Treasurer, Changes should be no a change, Mike Jones Mike Jones, V as Rem	eets, if necessary r/director title by ice President; T O = Chief Finan Director would sted in the follow leaves the corpo	tern string added.  y the first letter of the office title:  = Treusurer; S= Secretary; D= Directonical Officer. If an officer/director holds be PTD.  ping manner. Currently John Doe is listed or sold of the V and th	th officer/director being removed and title, name, and  r; TR= Trustee; C = Chairman or Clerk; CEO = Chief more than one title, list the first letter of each office held.  rd as the PST and Mike Jones is listed as the V. There is S. These should be noted as John Doe, PT as a Change,
Example: X_Change	PT Jo	hn Doe	
X Remove	<u>V</u> <u>M</u>	ike Jones	
<u>X</u> Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u> </u>	Monika Farache	21205 Yich+ aub Dr#3:
Add Remove			Aventura, FL 33180
2) Change		Ahron Farache	8531 Viz Romany
Add Remove Change	<del></del>		Boca Ruton, FL 33496
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			

\_\_\_\_ Remove

6) \_\_\_\_ Change

\_\_\_\_ Add

\_\_\_\_ Remove

Attach additional sheets, if neces	al Articles, enter change(s) here: sary). (Be specific)	
and an arrange of the cost		
	<u> </u>	
		<del></del>
		· · · · · · · · · · · · · · · · · · ·
	<del></del>	
an amendment provides for an	exchange, reclassification, or cancellation of issued share	es,
(if not applicable, indicate N/.		<del></del>
Company and the state of the st	,	
		<del></del>
		<del></del>
_ <del>_</del>		

Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in document's effective date on	this block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we action was not required.	ere adopted by the incorporators, or board of directors without shareholder action and shareholder
The amendment(s) was/we by the shareholders was/w	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
1	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):  s cast for the amendment(s) was/were sufficient for approval
	The same of the sa
bv _	
by	(voting group)
Dated	(voting group)  4 / 22   2020  MU
Dated  Signature (B)	
Dated  Signature (B)	(voting group)  4   22   70   70    y a director, president or other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver trustee or other