

PO6000009890

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : 120160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
PLASTIC CONVERSION SERVICES, INC.**

****PLEASE HONOR
ORIGINAL SUBMISSION
DATE OF 2/15**

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$43.75

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Corporate Filing Menu

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2/20/2023 10:14:35 AM PAGE 1/001 Fax Server

****CORRECTED; PLEASE HONOR ORIGINAL SUBMISSION DATE OF 2/15**



February 20, 2023

FLORIDA DEPARTMENT OF STATE
Division of Corporations

PLASTIC CONVERSION SERVICES, INC.
3230 DELTA AVE
BARTOW, FL 33870

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please list the correct name and address for the registered agent.,

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tammi Cline
Regulatory Specialist II Supervisor

FAX Aud. #: E23000060266
Letter Number: 823A00003744

DocuSign Envelope ID: 0F3552BA-767D-4733-A81E-95912D544583

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Plastic Conversion Services, Inc.

DOCUMENT NUMBER: P06000009890

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gregory J. Wright
Name of Contact Person
Law Office of Gregory J. Wright
Firm/ Company
1100 Judson Road, Suite 722
Address
Longview, Texas 75601
City/ State and Zip Code
krjones@customcommodities.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Kimber R. Jones at (936) 404-3100
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 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
Tallahassee, FL 32303

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DocuSign Envelope ID: DF3552BA-767D-4733-AB1E-95912D544583

Articles of Amendment
to
Articles of Incorporation
of

H23000060266

Plastic Conversion Services, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P06000009890

(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:

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."

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 Capitol Corporate Services, Inc.
515 E. Park Avenue, 2nd Floor
(Florida street address)

New Registered Office Address: Tallahassee, Florida 32301
(City) (Zip Code)

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.

Taylor Scay

Taylor Scay, as Asst. Secretary on behalf of
Capitol Corporate Services, Inc.

Signature of New Registered Agent, if changing

Check if applicable

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

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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 PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <u>Change</u>	<u>PTSVD</u>	<u>Michael Putt</u>	<u>4326 Thomas Wood Ln E.</u> <u>Winter Haven, Florida 33880</u>
<u>Add</u>			
<u>X</u> Remove			
2) <u>Change</u>	<u>VP</u>	<u>Isaac A. De La Cruz</u>	<u>3230 Bartow Municipal Airport</u> <u>Bartow, Florida 33830</u>
<u>Add</u>			
<u>X</u> Remove			
3) <u>Change</u>	<u>VP</u>	<u>Juan F. De La Cruz</u>	<u>8720 Shapley Street</u> <u>Orlando, Florida 32827</u>
<u>Add</u>			
<u>X</u> Remove			
4) <u>Change</u>	<u>PSTD</u>	<u>David L. Stevenson</u>	<u>P.O. Box 190</u> <u>Gilmer, Texas 75644</u>
<u>X</u> Add			
<u>Remove</u>			
5) <u>Change</u>			
<u>Add</u>			
<u>Remove</u>			
6) <u>Change</u>			
<u>Add</u>			
<u>Remove</u>			

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The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☒ 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
by _____."
(voting group)

Dated 2/15/2023

Signature David L. Stevenson

(By a director, president or other officer – 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)

David L. Stevenson

(Typed or printed name of person signing)

President

(Title of person signing)

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TALLAHASSEE, FL
CLERK OF THE CIRCUIT COURT

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