P0700035417

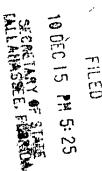
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AMENDAMEND



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FLORIDA DEPARTMENT OF STATE SECTION OF STATE Division of Corporations

December 2, 2010

JEAN JOSEPH PAPI RECYCLING, INC. 2662 A OVERLAND RD. APOPKA, FL 32703

SUBJECT: PAPI RECYCLING, INC

Ref. Number: P07000035417

We have received your document for PAPI RECYCLING, iNC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$157.50.

THERE ARE THREE DOCUMENTS ENCLOSED. THE RESIGNATION OF OPFFICER/DIRECTOR 1S \$35.00, REGISTERED AGENT RESIGNATION IS \$87.50 AND ARTICLES OF AMENDMENT IS \$35.00. ACTUALLY THE ONE FORM, THE ARTICLES OF AMENDMENT MAY TAKE CARE OF EVERYTHING AND YOU CAN KEEP THE RESIGNATIONS IN THE INTERNALRECORDS. PLEASE ADD A REGISTERED OFFICE TO #D OF THE AMENDMENT. IF YOU COMBINE EVERYTHING INTO THE AMENDMENT, ONLY \$35.00 IS REQUIRED.

The fee to resign as officer/director for a corporation is \$35 per person resigning.

The fee to file articles of amendment is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson
Document Specialist Supervisor

-, is.

Letter Number: 210A00028050

COVER LETTER

TO: Amendment Section V
Division of Corporations

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NAME OF CORE	PORATION:	PAPI RECYCLING, INC.			
DOCUMENT NU	MBER:	PO7000035417.			
The enclosed Artic	les of Amendment and fee	are submitted for filing.			
Please return all co	rrespondence concerning th	is matter to the following:			
	JEAN JOSEPH				
	1	Name of Contact Person			
_	PAI	PI RECYCLING, INC.			
	Firm/ Company				
2662 A OVERLAND ROAD					
Address					
	A	POPKA, FL 32703			
•	(City/ State and Zip Code			
	josephj E-mail address: (to be us	eanf@yahoo.com ed for future annual report notification)			
For further informa	ation concerning this matter	, please call:			
J	EAN JOSEPH	at (407) 448-2141			
Name	of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check	c for the following amount i	made payable to the Florida Department of State:			
□\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section		Street Address Amendment Section			
Division of Corporations		Division of Corporations			
P.O. Box 6327		Clifton Building			
Tallahassee, FL 32314		2661 Executive Center Circle Tallahassee, FL 32301			
		rananassee, i L J2JV i			

Articles of Amendment to Articles of Incorporation of

PAPI F	RECYCLING, INC.		
(Name of Corporation as cu	rrently filed with the Florida Dep	t. of State)	
Po	07000035417		
(Document N	lumber of Corporation (if known)		
Pursuant to the provisions of section 607.1 amendment(s) to its Articles of Incorporation		Profit Corporation ad	lopts the following
A. If amending name, enter the new nam	e of the corporation:		
			The new
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or name must contain the word "chartered," "	the designation "Corp," "Inc," or	"Co". A professional	corporation
B. Enter new principal office address, if a		<u> </u>	
(Principal office address <u>MUST BE A STR</u>	<u>EEI ADDKESS</u>)		26000
			翻日二
			DEC 15 PH
C. Enter new mailing address, if applica			
(Mailing address <u>MAY BE A POST OF</u>	FICE BOX)		- A C
		· · · · · · · · · · · · · · · · · · ·	_ 3 25
			»
D. If amending the registered agent and/o		rida, enter the name of	<u>[the</u>
new registered agent and/or the new r	egistered office address:		
Name of New Registered Agent:	JEAN JOSEPH		
	•		
New Registered Office Address:	(Florida street addres	s)	
		, Florida	•
	(City)	(Zip Code)	
New Registered Agent's Signature, if char	iging Registered Agent:		
hereby accept the appointment as registere		cept the obligations of t	the position.
,	HILLAM		

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) **Type of Action Title** Address <u>Name</u> **PRES LUIS ESPADAS** 2662 A OVERLAND ROAD Add APOPKA, FL 32703 ☑ Remove **JEAN JOSEPH** PRES APOPKA FL 32703 ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

г.	provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)			
	· · · · · · · · · · · · · · · · · · ·			
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The date of each amendmen	t(s) adoption: 11/29/10
	11/20110 (date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
7.5	ere approved by the shareholders through voting groups. The following statemented 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)
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated	11/29/10
	y a director, president or other officer – if directors or officers have not been
	ected, by an inchrporator — if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	JEAN JOSEPH
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)