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(Re	equestor's Name)	
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☐ PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)	
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COVER LETTER

Division of Corporations
NAME OF CORPORATION: MAKARIOS SCRAP METAL INC
DOCUMENT NUMBER: P070000 70863
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
DEBRA LABARGA Name of Contact Person MAKARIOS SCRIP METAL, NC 1 Firm/Company
2576 S.R.44 W
Address DELAND FL 32720 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (386) 943-3704 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed) \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

TO: Amendment Section

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

Articles of Amendment to Articles of Incorporation

MAKARIOS SCRAP MET	TAL, INC'
(Name of Corporation as currently filed with the Fl	orida Dept. of State)
P07000070863	
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this I its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N [A	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "I	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	2526 S.R. 44 WEST
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	DELAND, FL 32720
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	MAKARIOS SCRAP METAL
	2526 S.R. 44 WEST
	DELMO FL 32720
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent DEBRA LAB	ARGA
2526 S.R. 44	WEST
(Florida stre	et address)
New Registered Office Address: DELAND	, Florida 32720
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	•
l hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
Madalmaka	<u> </u>
Signature of New Registered A	gent, 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.

Example:

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	\underline{sv}	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	P	STEPHEN LABARGA	2524 S. R. 44 WEST
Add		•	DELAND FL 32720
Remove			
2) X Change	ρ	DEBRA LABARGA	2526 SR 44 WEST
Add			DELAND FL 32721
Remove		. 1	
3) Change		A A	
Add			
Remove			
4) Change		NA	
Add			
Remove			
5) Change		NIA	
Add			
Remove			
6) Change		N A	
Add			
Remove			

amending or adding additional Ar ttach additional sheets, if necessary).). (Be specific)
. 3	
	NIA
an amendment provides for an exc	change, reclassification, or cancellation of issued shares,
rovisions for implementing the am	nendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	NA

The date of each amendment(s) ac	doption: 2-20 -13
Effective date if applicable:	2-20 -13
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.
The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following statement 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)
action was not required.	opted by the incorporators without shareholder action and shareholder
selected	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	DEBRA LABARGA (Typed or printed name of person signing)
	PRESIDENT INCORPORATOR OWNER (Title of person signing)