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## **COVER LETTER**

TO: Amendment Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations			
NAME OF CORPORATION: Trash Solutions Inc.  DOCUMENT NUMBER: PO 7 0000 71331			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
SALVATORE V. GIASSO			
Trash Solutions Inc.			
3840 W. Firm/Company HILLSBOLC BIVD 142			
DEERFIELD BCh, FL 33442			
City/ State and Zip Code  Trashsolutions/nc 4+0hoo. Com  E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
SALVUTORE GrASSD at 754, 368. 7550			
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 Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section  Street Address Amendment Section			
Amendment Section Amendment Section Division of Corporations Division of Corporations			

Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to

Articles	of	Incorpo	ration

Trash Solutions I	ne	
(Name of Corporation as currently filed with the Flo	1331	
Pursuant to the provisions of section 607.1006, Florida Statutes, this FI its Articles of Incorporation:	,	g amendment(s) to
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must c	
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 new registered agent and/or the new registered office address:		\$608 117/15/10/1 13 NO
Name of New Registered Agent DA / Va for 3840 W. H. (Florida street)	(Isboro BLOD unit 142	FILED FIARY OF FICAR V 12 PM
New Registered Office Address: DECFIE() (City)	Ch, Florida 33442 (Zip Code)	STATE OF ATTOM 1: 25
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with	th and accept the obligations of the position.	
Signature of New Registered Age	ent, 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	<u>sv</u>	Sally Smith			
Type of Action (Check One)  1) Change Add Remove	Title P	Name Jennife	or Grass	Address 3840 W BIVD Unit Deer Field	Hillsbord 142 Bch. FC 3344
2) Change Add Remove					
3) Change Add Remove					
4) Change Add Remove	<del></del>				
5) Change Add Remove			<u></u>		
6) Change Add Remove		-			

ach additional sheets, if necessary).	ticles, enter change(s) here: . (Be specific)
, <b>,</b>	
	have a sleep of a star of the
ovisions for implementing the am	change, reclassification, or cancellation of issued shares, rendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
,	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	, ii ontoi timi tiit
Effective date if applicable: 11/7/3	<del></del>
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
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)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated ///7/45	
Signature	·
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)	
SalvataRE GrASSU	
(Typed or printed name of person signing)	
Vice President	
(Title of person signing)	