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SEP 2.1 2015

C. CARROTHERS



COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPOR	RATION: ENVIRONMENT	AL CHEMICAL ENTERP	PRISES INC
DOCUMENT NUME	BER: P07000086384		<u> </u>
	of Amendment and fee are su	ibmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
ı	Nancay C Environment P.O. I Fort	Name of Contact Person Company Box 122 Address City/ State and Zip Code	al Enterprisos, Inc. 68 12 34979
<u>.</u>	E-mail address: (to be us	me yaho(sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
Name of Name of	SESSICE of Contact Person	at (<u>954</u> Area Co	267-0392 ode & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment 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)
Mai	ling Address	Street	Address

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

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

Articles of Amendment to Articles of Incorporation of

ENVIRONMENTAL CHEMICAL ENTERPRISES INC

· · · · · · · · · · · · · · · · · · ·	ly filed with the Florida Dept. of Stat	<u>e</u>)	
P07000086384			
(Document Number o	f Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the	following amendment	(s) to
A. If amending name, enter the new name of the corporation:		ent.	
name must be distinguishable and contain the word "corporatio" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered," "professional association," or the abbreviation	'Co". A professional corporation nar		
B. Enter new principal office address, if applicable:	6023 NW RELIEF CT		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	PT ST LUCIE, FL 34983	7	,
		<u> 22</u>	
C. Enter new mailing address, if applicable:		77:	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
		- s	
	•		
D. If amending the registered agent and/or registered office add	ross in Florida, antar the name of the	7	•
new registered agent and/or the new registered office address			
Name of New Registered Agent	1-		
, ,		•	
(Florida str	eet address)		
New Registered Office Address:	(City), Florida	(Zip Code)	

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 Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally St	nith_	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
l)Change	TRES	_	SPITZNAGEL, ROBERT	6023 NW RELIEF COURT
Add				PORT SAINT LUCIE, FL 34983
X Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				·
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add		_		
Remove				
Remove				
6) Change		_		
Add				
Remove				•

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
1	
1//4	
N/H	
<u> </u>	
·	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
1	
11/n	
10 / M	
· · · · · · · · · · · · · · · · · · ·	 -
	
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• **	•	
The date of each amendment(s) adopt	tion: W/A	, if other than the
date this document was signed.	n1/n	
Effective date if applicable:	N/H	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirements, this date ment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	d by the shareholders. The number of votes cast for the amendment(s) tent for approval.	
	ed by the shareholders through voting groups. The following statement h 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/were adopted action was not required.	d by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted action was not required.	d by the incorporators without shareholder action and shareholder	
Dated 9/12	16	
Signature	& Cassales	
	or, president or other officer – if directors or officers have not been	
	y an incorporator — if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)	
• •		
	ANCEY CASSALIA	
	(Typed or printed name of person signing)	
P		
	(Title of person signing)	