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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section **Division of Corporations**

Tallahassee, FL 32314

NAME OF CORPO	RATION: TROPHY RECOV	ERY CORP		
DOCUMENT NUM	BER: P08000050049			
	s of Amendment and fee are su	abmitted for filing.		
Please return all corre	espondence concerning this ma	atter to the following:		
	TAIMY OLIVERA			
		Name of Contact Perso	n	
	TROPHY RECOVERY COR	RP		
		Firm/ Company		
	2696 W 3RD AVENUE			
		Address		
	HIALEAH FL 33010			
		City/ State and Zip Cod	le	
	TROPHYTOWING@HOTM	fall COM		
		sed for future annual report	natification	
	E mail address. (10 be d.	sed for future amidal report	nomeanony	
For further information	on concerning this matter, pleas	se call:		
TAIMY OLIVERA		at (592-1426	
Name	of Contact Person	at (Area Co	de & Daytime Telephone Number	
finclosed is a check for	or the following amount made	annikla sa sha Flaci la Dan		
Enclosed is a check it	or the following amount made	payable to the Florida Depi	artment of State:	S :
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	TALLAHASSEE,
	iling Address endment Section		Address	
	ision of Corporations		ment Section on of Corporations	PA (
	. Box 6327		entre of Tallahassee	[TI]

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

2023 MAY -8 PK 4: 54

Articles of Amendment to Articles of Incorporation of

TROPHY RECOVERY CORP		6 1 1 1 1 1 5 1 1 1	<u> </u>	
P08000050049	of Corporation as currently	filed with the Florida	Dept. of State)	
1 000000000	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	1,1006, Florida Statutes, this I	Florida Profit Corporati	ion adopts the following	g amendment(s) to
A. If amending name, enter the new n	ame of the corporation:			
name must be distinguishable and contain "Inc.," or Co.," or the designation "("chartered," "professional association,"	Corp," "Inc," or "Co". A	ompany," or "incorpora professional corporati	sted" or the abbreviatio on name must contain	_The new in "Corp.," in the word
B. Enter new principal office address, Principal office address <u>MUST BE A S</u>				
C. Enter new mailing address, if appl (Mailing address MAY BE A POST				
D. If amending the registered agent an new registered agent and/or the new			e name of the	
Name of New Registered Agent	OLIVERA, TAIMY			Ø №
	2696 W 3RD AVENUE			
New Registered Office Address:	(Florida stre	et address)	, Florida 33010	PALLAHA
		City)	(Zip C	PH 4: 54
New Registered Agent's Signature, if c' hereby accept the appointment as regist	hanging Registered Agent: tered agent. I am familiar w	th and accept the obliga		E t
	Signature of New Reg	gistered Agent, if changi	ing	

Check if applicable

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

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.

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)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	PD	OLIVERA, TAIMY	2696 W 3RD AVENUE
Add			HIALEAH FL 33010
Remove			
2) X Change	SEC	LAM, CARLOS	2696 W 3RD AVENUE
Add			HIALEAH FL 33010
Remove 3) X Change	VP	OLIVERA, PEDRO D	2696 W 3RD AVENUE
Add			HIALEAH FL 33010
Remove			
4) Change			S 202
Add			SECRUT
Remove			<u></u>
5) Change			in the second se
Add			
Remove			St.
6) Change			
Add			
Remove			

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)			
'E ARE REQUESTING THIS AMENDMENT TO CHANGE THE ADDRESS FOR PD, VP AND SEC	СТО	<u></u>	
596 W 3RD AVENUE, HIALEAH, FL. 33010			
		_	
		_	
		_	
		_	
		_	
	_	_	
		_	
	_		
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)	7 Das	2623	
	TALL	2023 HA	
	TAF AHI	γ ₋₈	
	SSV J.A.		(***
	E. S	_⊒z	,
	TAFY OF STATE AHASSEE, FL	PH 4: 54	* /**
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05/02/2023	
	if other than
ate this document was signed.	
05/02/2023	
fective date <u>if applicable</u> :	
(no more than 90 days after amendment file date)	
ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not current's effective date on the Department of State's records.	be listed as
doption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shar action was not required.	eholder
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)	
05/02/2023	
Dated	
Signature Pirlu D Coli	
(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)	
PEDRO D OLIVERA	
(Typed or printed name of person signing)	
VP	
(Title of person signing)	

2023 MAY -8 PM 4: 54 SECRETARY OF STATE TALLAHASSEE, FL