

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	+)
PICK-UP	☐ WAIT	MAIL
(Ви	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
· · · · · · · · · · · · · · · · · · ·		
	Office Use Onl	v .





06/28/10--01037--020 **43.75



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION:	massive recovery and transport inc	
DOCUMENT NUI	MBER:	p08000105204	
The enclosed Articl	<i>les of Amendment</i> and f	fee are submitted for filing.	
Please return all cor	respondence concerning	ng this matter to the following:	
_		Pamala J Saunders Name of Contact Person	
		Name of Contact Person	
_	massi	ive recovery and transport inc	
		Firm/ Company	
_	٠ و	8362 pines blvd. ste: 331	
		Address	
1 · · · · · · · · · · · · · · · · · · ·	1	pembroke pines, fl 33024	
*, ***, ·	· ·	City/ State and Zip Code	
	pamala E-mail address: (to be	asaunders@comcast.net le used for future annual report notification)	
For further information	tion concerning this ma	atter, please call:	
Pan	nala J Saunders	at (954)548-1824	
Name o	of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a check	for the following amou	ant made payable to the Florida Department of State:	
□ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)	
Mailing Ad Amendment Division of 6 P.O. Box 63 Tallahassee,	Section 4 Corporations 27	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

Articles of Amendment to **Articles of Incorporation** of

PH 2: Sg massive recovery and transport inc. (Name of Corporation as currently filed with the Florida Dept. of State)

ion (if known)
es, this Florida Profit Corporation adopts the follo
<u>n:</u>
The new
oration," "company," or "incorporated" or the orp," "Inc," or "Co". A professional corporation ation," or the abbreviation "P.A."
8362 pines blvd. suite # 331
pembroke pines, fl 33024
7220 ramona st
miramar, fl 33023
address in Florida, enter the name of the dress:
da street address)
, Florida
(Zip Code)
gent: liar with and accept the obligations of the position.
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) Title ... <u>Name</u> Address **Type of Action** Pamala J Saunders νp 7220 ramona st ✓ Add ☐ Remove miramar, fl 33023 ☐ Remove _ 🔲 Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) 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)

The date of each amendmen	t(s) adoption: <u>06</u>	5/23/2010
Effective date <u>if applicable</u> :	06/23/2010	(date of adoption is required)
	(no more than 9	00 days after amendment file date)
Adoption of Amendment(s)	(<u>CH</u>	(ECK ONE)
The amendment(s) was/we by the shareholders was/w		shareholders. The number of votes cast for the amendment(s) approval.
		te shareholders through voting groups. The following statemer group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amen	dment(s) was/were sufficient for approval
by	(voting group)	
action was not required.		board of directors without shareholder action and shareholder incorporators without shareholder action and shareholder
sele	Lohn a director, presid	dent or other officer – if directors or officers have not been porator – if in the hands of a receiver, trustee, or other court by that fiduciary)
		Richard L Kessler jr
	(Ty _l	ped or printed name of person signing)
		president
	(Title of	f person signing)