P09000046582

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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: REUSE REDUCE RECYCLE INC
DOCUMENT NUMBER: P09000046582
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
GIUSEPPE ALLOUCHE
Name of Contact Person
REUSE REDUCE RECYCLE INC
Firm/ Company
171 SE 10TH AVE
Address
HIALEAH FL 33010
City/ State and Zip Code
THE THE PROPERTY OF THE ACCUMANT COM
REUSEREDUCERECYCLEUSA@GMAIL.COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
GIUSEPPE ALLOUCHE 786 715 9559
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:
Enclosed is a check for the following amount of
S35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

REUSE REDUCE RECYCLE, INC

(Name of Corporation as currently	filed with the Florida Dept. of State)		
P0900046582			
(Document Number of C	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	lorida Profit Corporation adopts the fo	ollowing amend	Iment(s) t
A. If amending name, enter the new name of the corporation:			
			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 "P	o". A professional corporation name	the abbrevia must contain	tion the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)			_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
		2019 JUN - 7	_
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ss in Florida, enter the name of the	AM SSEE	
Name of New Registered Agent		8: 39	J
(Florida stree	t address)		
New Registered Office Address:	, Florida		
New Negistered Office Nativess.	Tity)	(Zip Code)	_
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the pos	sition.	
Signature of New Re	vistered Avent, if chanving	·	

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 Doc						
X Remove	<u>V</u>	Mike Jones						
X Add	<u>sv</u>	Sally Smith						
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s					
	Р	GIUSEPPE ALLOUCHE	171 SE 10TH AVE					
1) Change Add			HIALEAH FL 33010					
Remove								
2) Change								
Add								
Remove								
3) Change								
Add								
Remove								
4) Change								
Add								
Remove								
5) Change								
Add								
Remove								
<i>δ</i>) Change								
Add								
Remove								

<u>r ameno</u> Attach <i>a</i>	ding or addi idditional she	ets, if nece	essary).	(Be specif	îc)					
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<u>lf an a</u> :	mendment p sions for imp	rovides to	or an exci	ndment if	not contai	n <u>, or cane</u> ned in the	amendme	nt itself:	<u></u> 1	
provis	<u>sions for imp</u> if not applica	<u>nemenum</u> ble indica	te N/A)	nument ii	not contain					
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06/03/2019
The date of each amendment(s) adoption:
Effective date if applicable:
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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)
☐ 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
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)
· · · · · · · · · · · · · · · · · · ·
GIUSEPPE ALLOUCHE GIUSEPPE ALLOUCHE
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)