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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	1011	FUSE SAVINGS	INC		
DOCUMENT NUMBER: P9000073809					
	s of Amendment and fee are su				
Please return all corre	espondence concerning this ma	tter to the following:			
	KENNETH REA				
		Name of Contact Perso	n		
	IDEAL REFUSE	SAVINGS INC	-		
	IDEAL NET OOL				
	400 EITZOEDAL	Firm/ Company			
	190 FITZGERAL				
		Address			
,	LAKELAND, FL	33813			
		City/ State and Zip Cod	e		
IDI	EALREFUSE@AC	DL.COM			
	_	sed for future annual report	notification)		
For further information	For further information concerning this matter, please call:				
Tor further information	m concerning and matter, pica:				
KENNETH F	REA	at (863	, 709-0988		
Name	of Contact Person		de & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	**2 \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Street Address		Address			
Amendment Section		Amendment Section			
Division of Corporations		Division of Corporations			
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Cente			Executive Center Circle		
i minimosee, t L Jajia		Tallahassee, FL 32301			

## **Articles of Amendment Articles of Incorporation**

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of

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## **IDEAL REFUSE SAVINGS INC**

(Name of Corporation as currently filed with the Florida Dept. of State) P9000073809

nt(s) to

(Documen	nt Number of Corporation (if)	known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation ac	lopts the following amendme
A. If amending name, enter the new no	ame of the corporation:		Th
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	o". A professional corpora	The new rated" or the abbreviation tion name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		190 FITZGERA	LD RD
		SUITE 2	
		LAKELAND FL	33813
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		190 FITZGERA	LD RD
		SUITE 2	_
		LAKELAND FL	33813
D. If amending the registered agent an new registered agent and/or the new		ss in Florida, enter the nan	ne of the
Name of New Registered Agent	KENNETH REA		
	190 FITZGERAL	DRD STE 2	
	(Florida stree	t address)	
New Registered Office Address:	LAKELAND	, Florida	33813
	(City)		(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist Si	hanging Registered Agent: ered agent. I am familiar wi Dumble Le gnature of New Registered Age		s of the position.
	,	, <i>y</i> '6	

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	PT	John Doe	
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
1) X Change	V	KEVIN REA	190 FITZGERALD RD STE 2
Add			SUITE 2
Remove			LAKELAND FL 33813
2) Change	P	KENNETH REA	190 FITZGERALD RD
X Add			SUITE 2
Remove			LAKELAND FL 33813
3 ) Change			
Add			
Remove			
4) Change	<u></u>		
Add			
Remove			
5) Change			
Add			
Remove			···
6) Change			
Add			
Remove			

attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	name, reciassification, or cancellation of issued snares, indiment if not contained in the amendment itself:
provisions for implementing the amer	name, reclassification, or cancellation of issued shares, indiment if not contained in the amendment itself:
provisions for implementing the amer	name, reciassification, or cancellation of issued snares, indiment if not contained in the amendment itself:
provisions for implementing the amer	ndment if not contained in the amendment itself:
provisions for implementing the amer	ndment if not contained in the amendment itself:
If an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:

The date of each amendment(s) ado	ption:	, if other than the
date this document was signed.  Effective date if applicable:	/01/2013	
Enective date it applicable:	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.	
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopt action was not required.	ed by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and shareholder	
Dated	2013 Ennefale	
Signature	ennote Ros	
(By a dire	ector, president or other officer – if directors or officers have not been	<del></del>
selected,	by an incorporator - if in the hands of a receiver, trustee, or other court	
appointed	fiduciary by that fiduciary)	
_	Kennetz Rea (Typed or printed name of person signing)	_
_	President	
	(Title of person signing)	