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SECRETARY OF STATE
TALLAHASSEE

C. LEWIS
NOV 1 2013
EXAMINER

## COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR		CYCLING AND AL	JTO SALVAGE				
DOCUMENT NUM	BER: P110000585	564					
	of Amendment and fee are sul						
Please return all corre	spondence concerning this mat	ter to the following:					
` .	MARCO J RIVI	ERA					
		Name of Contact Person					
	TAMPA RECYCLING AND AUTO SALVAGE						
		Firm/ Company					
,	12431 ADVEN	TURE DRIVE					
		Address					
•	RIVERVIEW,F	L 33579					
,		City/ State and Zip Code					
•							
	E-mail address: (to be us	sed for future annual report	notification)				
•• ••							
For further information	on concerning this matter, pleas	se call:					
MARCO J	RIVERA	at (305	5820866				
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:							
■ \$35 Filing Fee	S43.75 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)				
	iling Address	Street Address					
	nendment Section vision of Corporations	Amendment Section Division of Corporations					
	). Box 6327	Clifton Building					
Tal	lahassee, FL 32314	2661 Executive Center Circle					

2661 Executive Center Circle Tallahassee, FL 32301

APPRUVED

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

13 0CT 28 PM 3: 16 SECRETARY OF STATE TALLAHASSEE, FLORIDA

## <del>TAMPA RECYCLING A</del>ND AUTO SALVAGE

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

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(Document Number of Corporation (if known)

ment(s) to

TC			
If amending name, enter the new name of th	e corporation:		
ne must be distinguishable and contain the orp.," "Inc.," or Co.," or the designation "Cod" chartered," "professional association," or	Corp," "Inc," or "Co".	A professional con	corporated" or the ab rporation name must c
Enter new principal office address, if applicincipal office address <u>MUST BE A STREET</u>		<del></del>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	**BOX*)		
•			
tyst -	<del></del>		
If amending the registered agent and/or reg	<u>istered office address i</u>	n Florida, enter the	e name of the
new registered agent and/or the new registe			
Name of New Registered Agent	_		
		-	
	(Florida street aa	ldress)	
	·	,	
New Registered Office Address:	(City)		orida(Zip Code)
	()		•
w Registered Agent's Signature, if changing	Registered Agent:		
ereby accept the appointment as registered age	nt. I am familiar with a	and accept the oblig	ations of the position.

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	PT ,	John Do	<u>oe</u>			
X Remove	<u>v</u>	Mike Jones				
X Add	<u>sv</u>	Sally Sr	<u>nith</u>			
Type of Action (Check One)	Title		Name	<u>Addres</u> s		
1) Change	VP		LUIS H LUENGAS	10814 PRESERVATION		
·Add				VIEW DR		
Remove				TAMPA,FL 33626		
2) Change	VP	-	DIANA M LUENGAS	10814 PRESERVATION		
Add				VIEW DR		
Remove				TAMPA,FL 33626		
3) Change						
Add						
Remove						
4) Change		_				
Add						
Remove						
5) Chànge		<del></del>				
Add						
Remove						
6) Change		_				
Add						
Remove						

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APPROVED AND FILED

The date of each amendment(s) adoption: date this document was signed.	13 OCT 28 PM 3: 17  SECRETARY OF STATE TALLAHASSEE, FLORIDA
Effective date if_applicable:	
(no more than 9	0 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The by the shareholders was/were sufficient for approval.	number of votes east for the amendment(s)
The amendment(s) was/were approved by the shareholders thromust be separately provided for each voting group entitled to	ough voting groups. The following statement vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/wer	e sufficient for approval
by	
(voting group)	
	cer – if directors or officers have not been e hands of a receiver, trustee, or other court
MARCO J RIVERA	
(Typed or p	rinted name of person signing)
PRESIDENT	
. (Tit	tle of person signing)