P11000066565

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations					
NAME OF CORPORATION: GOT SCRAP					
DOCUMENT NUMBER: \$\frac{\frac{\frac{11000066555}{}}{6555}}{}					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Susan L. Kofec Name of Contact Person					
Firm/ Company 2517 Bear Lake Circle Address					
Address Apopla Fl 32703 City/ State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Susaw Koffec at (401) 293-8333 × 150 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 Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)					
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building					

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327 Tallahassee, FL 32314

Articles of Amendment

to

Articles of Incorporation

of	
(Name of Corporation as currently filed with the Florida Dept. of State)	-
1	
# 110000 66565 (Document Number of Corporation (if known)	-
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following its Articles of Incorporation:	g amendment(s) to
A. If amending name, enter the new name of the corporation:	
m: 1 0 0 to	
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the a	_The new hhreviation
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must word "chartered," "professional association," or the abbreviation "P.A."	contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	-
$\frac{1}{2}$	_
·	
	-
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	-
	_
	-
D. If amending the registered agent and/or registered office address in Florida, enter the name of the	
new registered agent and/or the new registered office address:	_
Name of New Registered Agent	<u> </u>
NA-	3 20 20 20 20 20 20 20 20 20 20 20 20 20
(Florida street address)	3 35
	3
New Registered Office Address:, Florida	p 注意图
(CHy)	<u> </u>
New Registered Agent's Signature, if changing Registered Agent:	i ne
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	
NIA	
Signature of New 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)

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 Do	<u>e</u>			
X Remove	$\underline{\mathbf{v}}$	Mike Jo	nes			
X Add	<u>sv</u>	Sally Sn	<u>nith</u>			
Type of Action (Check One) 1) Change Add Remove	Title	_	<u>Name</u>	NA	 	Address
2) Change Add Remove		_			- -	
Change Add Remove		_			-	
4) Change Add Remove		_			- - -	
5) Change Add Remove		_			- -	
6) Change Add Remove		_			<u>-</u> -	

f amending or adding addition Attach <i>additional sheets, if neces</i>	<u>u Articles, ent</u> sary). (Be sp	er change(s) ecific)	<u>nere</u> :		
	<u> </u>				
N/A					
	 				
	<u>. </u>				<u>. </u>
	<u> </u>				
<u></u>			*****		
· 					
f an amendment provides for :		-1		4: E:	
provisions for implementing t	e amendment	if not contai	ned in the am	endment itself	<u>:</u>
(if not applicable, indicate	//A)				
		•			

The date of each amendment(s) adoption: 3/28/2014 date this document was signed.	, if other than the
Effective date if applicable: 3/28/2014	
(no more than 90 days after amendment file date)	
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"	
by	
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.	
Dated3/28/14	
Signature Lusan La Kaple	
(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)	
SUGAN L. KOPEC	
(Typed or printed name of person signing)	
President	
(Title of person signing)	