P11000093184

| (Requestor's Name) | |
|---|-------------|
| (Address) | |
| (Address) | į |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | |
| (Document Number) | ; ; ; |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | 1 |
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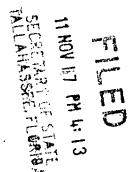
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C.COULLIETTE

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EXAMINER COLUMN

COVER LETTER

TO: Amendment Section

| Division of Corporations |
|--|
| NAME OF CORPORATION: PCA St Lucie Recycling Incomment number: P11000093184 |
| The enclosed Articles of Amendment and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Name of Contact Person Part St Luce Recycling Inc Firm/ Company 1133 SW Bilthore St Address Part St Luce FL 2483 City/ State and Zip Code Part St Luce Person E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Ronald Peper at (772) 463-1663 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 Address Amendment Section Amendment Section |

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Articles of Amendment to Articles of Incorporation of

| (Name of Corporation as current | tly filed with the F | lorida Dept. of S | State) | |
|---|-----------------------|---------------------------------------|---------------------|-----------------------------------|
| Port Stluge Re | conclina | Inc | P11000 | 0093184 |
| (Document Number | er of Corporation (i | (known) | | <u></u> |
| Pursuant to the provisions of section 607.1006, mendment(s) to its Articles of Incorporation: | Florida Statutes, the | his <i>Florida Proj</i> | it Corporatio | n adopts the following |
| A. If amending name, enter the new name of the | he corporation: | | | ٠ |
| The new name must be distinguishable and contail abbreviation "Corp.," "Inc.," or Co.," or the distance must contain the word "chartered," "profes | esignation "Corp," | "Inc," or "Co" | . A profession | rporated" or the onal corporation |
| 3. Enter new principal office address, if applic | able: | | | |
| Principal office address <u>MUST BE A STREET</u> | | | | - G 8 |
| | | | · | |
| | | | | |
| Enter new mailing address, if applicable: | | | | 图 三 |
| (Mailing address <u>MAY BE A POST OFFICE</u> | S BOX | | | |
| | | | | |
| | | | | er pr |
| If amonding the varietized agent and/ou use | datawad -600-a addu | t-Flowtd | | 641- |
| If amending the registered agent and/or reg new registered agent and/or the new registe | | | <u>nter the nam</u> | e oi the |
| Name of New Registered Agent: | | | | |
| Havne of New Registered rigent. | | · · · · · · · · · · · · · · · · · · · | | |
| | (Florida stre | et address) | | |
| No Deliver IOM All | • | , | T71 11 | |
| New Registered Office Address: | (City) | ····· | , Florida | (Zip Code) |
| | | | | • |
| | | | | |
| lew Registered Agent's Signature, if changing hereby accept the appointment as registered age | | ith and accept th | e obligations | of the position. |
| CC4 | Man Darietana 3 4 | | | |
| Signature o | f New Registered A | gent, ij changing | | |

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)

| Title(s) | Name | - | Address |
|-------------|---|----------------|---|
| 1): Pres | ident Romald Peppe | <u>S</u> | Ave Stuart FL |
| 2 VP | Daryl Pepper | <u> </u> | 34997 45 SW Seminou St Unit 13 Stuart FL 34994 |
| 3) | | - | |
| 4) | | - - | |
| 5) | | - - | |
| 6) | | | |
| If REMOVING | an officer and/or director, please list the | e title(s) and | name of the officer/director to be removed: |
| Title(s) | Name | Title(s) | <u>Name</u> |
| 1) | | 4) | |
| 2) | | 5) | |
| 3) | | 6) | |

| E. If amenging or additional Articles, enter change(s) here: (sitach additional sheets, if necessary). (Be specific) | E. If amending or adding additional Arti | cles, enter change(s) here: | |
|--|---|-----------------------------|---------------|
| | (attach additional sheets, if necessary). | (Be specific) | |
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| (if not applicable, indicate N/A) | dment if not contained in the amendment itself: |
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| he date of each amendment(s) adoption: | 11/16/2011 |
| () | |
| ffective date if applicable: | |
| nective date ir applicable. | (no more than 90 days after amendment file date) |
| | , , |
| doption of Amendment(s) | CHECK ONE) |
| (C | SHEEK GIVE |
| The amendment(s) was/were adopted by the shareholders was/were sufficient for | he shareholders. The number of votes cast for the amendment(s) or approval. |
| The amondment(s) was towns and a town | Alexandral Alexandral Community City |
| must be separately provided for each voti | the shareholders through voting groups. The following statemen ng group entitled to vote separately on the amendment(s): |
| | |
| "The number of votes cast for the an | nendment(s) was/were sufficient for approval |
| | iciamona(a) was were surrelent for approvar |
| by | " |
| | voting group) |
| A (i | voting group) |
| (v) The amendment(s) was/were adopted by the | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| (i | coting group) |
| The amendment(s) was/were adopted by the action was not required. The amendment(s) was/were adopted by the | voting group) |
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