P120000084241

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Amend

NOV - 8 2012

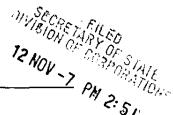
T. BROWN

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ROMANO C		CRAP METAL INC.
DOCUMENT NUMBER 12000084241		
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
FELIPE FRANCO)	
	Name of Contact Perso	n
	Firm/ Company	
5101 MEADOWS	OAKS DR.	
	Address	
COCONUT CRE	EK FL 33073	
	City/ State and Zip Cod	le
feliperpfranco@hotm	nail.com	
	sed for future annual report	notification)
For further information concerning this matter, pleas	se call:	
RUBEN D. TORO	at (407	370-6445
Name of Contact Person		ode & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee \$\text{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)
Mailing Address Amendment Section		Address
Division of Corporations	Amendment Section Division of Corporations	
P.O. Box 6327		Building
Tallahassee, FL 32314		Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of



ROMANO COMMERCIAL SCRAP METAL INC.

(Name of Corporation as	s currently filed with the F	lorida Dept. of State)	18.5°
P12000084241				· 3/
(Documen	nt Number of Corporation (i	f known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corpor	ration adopts the following	; amendment(s) to
A. If amending name, enter the new na	ame of the corporation:			
		11 41 21	(C	The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "	'Co". A professional		
B. Enter new principal office address.			OOW OAKS DR.	
(Principal office address MUST BE A STREET ADDRESS)		COCONUT	CREEK FL 33073	
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		5101 MEAD	OOW OAKS DR.	
(Maning address MAT BE A TOST OFFICE DOA)		COCONUT	CREEK FL 33073	
		<u></u>		
D. If amending the registered agent an new registered agent and/or the ne			the name of the	
Name of New Registered Agent FELIPE FRANCO			i 1	
	5101 MEADOW	OAKS DR.	_	
	,	reet address)		
New Registered Office Address:			Florida 33073	
	(City)	•	(Zip Code)	
New Registered Agent's Signature, if o	changing Registered Agent	:		
I hereby accept the appointment as regis	tered agent. I am familiar	with and accept the ol	bligations of the position.	
	J. R.			
Si	ignature of New Registe ed .	Agent, if changing		

Page 1 of 4

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: <u>X</u> Change	PT John	<u>Doe</u>	
X Remove	V Mike	e Jones	
_X Add	SV Sally	/ Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	DPS	NELSON E. POLO	3407 HAGAN AVE.
Add			ORLANDO FL 32819
X Remove			
2) Change	DPS	FELIPE FRANCO	5101 MEADOW OAKS DR.
X Add			COCONUT CREEK FL 33073
Remove			
3) Change			
Add			
Remove			
4) Change			4
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

tach additional sheets, if ne	cessary). (Be specific)		
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an amendment provides for rovisions for implementing	or an exchange, reclass or the amendment if no	illication, or cancella t contained in the ar	<u>itton of Issued snat</u> nendment itself:	es.
(if not applicable, indica	te N/A)	t contained in the ac		
			·	
			_	
		···	·	

The date of each amendment(s) a	doption: 10/1//2012
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ad- by the shareholders was/were st	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
	proved by the shareholders through voting groups. The following statement reach 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)
	(voting group)
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder
Dated 10/17/	/2012
Dated	2012 1
4//	VIII AND WALE
Signature/	WWW/ VOC
	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court
	nted fiduciary by that fiduciary)
••	
	Nelson E. Polo
,	(Typed or printed name of person signing)
	President
	(Title of person signing)