## P12000100673

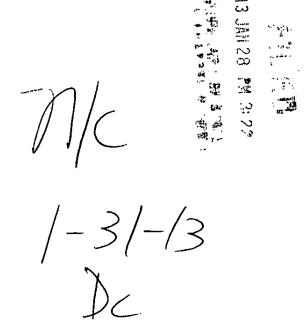
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" (City)	/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
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Office Use Only



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## **COVER LETTER**

Division of Corporations
NAME OF CORPORATION: ALL Star Hauling & Cleaning Inc
DOCUMENT NUMBER: TIAUJUIU IO
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Sperri Sha c. Pass
HW- Star Hauling & Cleaning Inc.
3545 Murrow Street
New Port Hickey FL 34055
City/ State and Zip Code
E-mail address: (to be used for future annual report potification)
For further information concerning this matter, please call:
To future information concerning this matter, please carr.
Therisha C. Dass at 12 107-2421
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  Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)
Mailing Address Street Address
Amendment Section Amendment Section  Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Am	endment
Articles of Incor	& Cleaning Inc.
(Name of Corporation as currently filed with the Fig. 1997) 100 101 13	<i></i>
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	
A. If amending name, enter the new name of the corporation:	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	<u>n/l</u> 4
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 new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	
New Registered Office Address: (Florida street	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am flyrillar with Signature of New Registered Agent.	<b>)</b>

## 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 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) Change		<i>N/A</i>	
Add		`	
Remove			
2) Change			
Add		<b>,</b> .	
Remove		N Da	
3 ) Change		10/14	
Add			<del></del>
Remove		Δ.	
4) Change		All	
Add			<del></del>
Remove			
5) Change		Alln	
Add		·	
Remove		a.N.o.	
6) Change		10/1/	
Add			
Remove			

ttach additional sheets, if necessary).	(Be specific)	
		N//1/
	<del>-</del>	10/H
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an amendment provides for an excl	<u>iange, reclassificat</u>	ion, or cancellation of issued shares,
provisions for implementing the ame	ndment if not cont	tained in the amendment itself:
(if not applicable, indicate N/A)		\(\lambda\)
	1	V/IIF
		10/11
		•

The date of each amendment(s) adoption:			
Effective date if applicable:			
	(no more than 90 days after amendment file date)		
Adoption of Amendment(s)	( <u>CHECK ONE</u> )		
☐ 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.		
	wed 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)		
☐ 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	22-13		
Signature	Shortsha ( 400		
	ector, president or other officer - if directors or officers have not been by an incorporator - if in the hands of a receiver, trustee, or other court		
	I fiduciary by that fiduciary)		
	Therism C. Yass		
,	(Typed or printed name of person signing)		
<del></del>	(Title of person signing)		