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(Re	questor's Name)	
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(Address)		
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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NOV 0 1 2018

S. YOUNG S. YOUNG

COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: Jand J Hauling I'm P13000022473 DOCUMENT NUMBER: __ 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 Firm/ Company 0015 W. Burke St. TAMPA FL 33634 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 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 □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahussee, FL 32301

Articles of Amendment

to Articles of Incorporatio

Articles of Incor	poration
TaldTold	Mulua Ting
(Name of Corporation as currently	filed with the Florida Dept. of State)
Pizani	N22/123
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Fl its Articles of Incorporation:	'orida Profit Corporation adopts the following amendment(s) to
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:	LOS W. Burke St
(Principal office address MUST BE A STREET ADDRESS)	
	TAMPA FC 33634
	<u> </u>
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
	<u></u>
and the second of the second o	ore in Playida, antar the name of the
D. If amending the registered agent and/or registered office addresses new registered agent and/or the new registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent Equishel	Rinarde
Name of New Nexistered Agent	2 R . d 54
(Florida stree	ot uddress)
New Registered Office Address: TAM	A. T. 33634 City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	ith and accept the obligations of the position.
Signature of New Re	gistered 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= Trustec; 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: John Doc PT X Change Mike Jones ٧ X Remove <u>X</u> Add SVSally Smith Address Title Name Type of Action (Check One) Sonia N. GiNARTE BLUS Leeward Da 1) ____ Change TAMPA FC 33634 Add Remove isbel GiNAIUZ 2) X Change ___ Add Remove bel Ginart-E 3) X Change __<u>X_</u> Add ___ Remove 4) ____ Change ___ Add ___ Remove 5) ____ Change ____ Add Remove

6) ____ Change

Add

Remove

ach additional sheets, if necessary). (Be specific)		
		
an amendment provides for an exchange, reclassi	fication, or cancellation of issued shares.	
rovisions for implementing the amendment if not	contained in the amendment itself:	
(if not applicable, indicate N/A)		
		-

The date of each amendment(s) adoption: Qua. 75 2018 if other than the
date this document was signed.
Effective date If applicable: (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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
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.
Dated
Signature (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)
(Typed or printed name of person signing)
VP-P
(Title of person signing)