P13 000034968

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: MW Horticulture F	Recycling Facility, Inc.	
DOCUMENT NUM	BER: P130000034968		
	of Amendment and fee are sul	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	Denise Houghtaling		
		Name of Contact Persor	1
	MW Horticulture Recycling	Facility Inc.	
		Firm/ Company	
	6250 Thomas Rd		
		Address	
	Fort Myers, FI 33912		
		City/ State and Zip Code	е
deni	seisgreen@aol.com		
	-	sed for future annual report	notification)
	Trialities (to the se		
For further information	on concerning this matter, pleas	se call:	
Denise Houghtaling	3	239 at (822-8015
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & 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)
An	niling Address nendment Section rision of Corporations	Amend Divisio	Address Iment Section on of Corporations
P.C). Box 6327	The C	entre of Tallahassee
Tal	llahassee, FL 32314		N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of

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MW Horticulture Recycling Facility Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P130000034968 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to 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," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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: Denise Houghtaling Name of New Registered Agent 6250 Thomas Rd (Florida street address) Fort Myers New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. 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 Doe	FILING CANCELLED
X Remove	<u>V</u>	Mike Jones	DUE TO RETURNED CHECK
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
L) X Change	Р	Mark Houghtaling	6740 Slater Pines Dr
Add			North Ft Myers, Fl 33912
Remove 2) X Change	VP	Denise Houghtaling	6740 Slater Pines Dr
Add			North Fort Myers, FI 33912
Remove 3) X Change	D	Gary Spaniak	6250 Thomas Rd
Add			Fort Myers, FI 33912
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			
		Page 2 of 4	
E. If amending or addi (Attach additional sho		ional Articles, enter change(s) here	:

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(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 adop by the shareholders was/were suf	ted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
	oved 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 f	or the amendment(s) was/were sufficient for approval
by	
	(voting group)
☐ The amendment(s) was/were adoptaction was not required.	sted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adoptaction was not required.	ited by the incorporators without shareholder action and shareholder
Dated	2/3./19
Signature	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
	d fiduciary by that fiduciary)
_	(Typed or printed name of person signing)
	(Typed or printed name of person signing)
_	Sec UP
(Title of person signing)

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