## P130008125

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SECRETARY OF STATE
ALLANIASSES, FLORIC

## **COVER LETTER**

TO: Amendment Section

Division of Corporations TRASH EXPRESS SW INC NAME OF CORPORATION: DOCUMENT NUMBER: P13000087215 The enclosed Articles of Amendment and fee are submitted for filing. Name of Contact Person MEMETIS INC Firm/'Compainy 2271 FIRST STR UNIT 24 Address FORT MYERS FL 33901 City/ State and Zip Code AKAVOURAS@AOL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (239 ) 777 6250

Area Code & Daytime Telephone Number **GEORGE KAVOURAS** Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee **\$35** Filing Fee **□\$43.75** Filing Fee & **□\$43.75** Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy คมเกากระหว่), (Additional Copy is enclosed) Mailing Address Sitreet Address Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 C'lifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tailahassee, FL 32314

## Articles of Amendment to Articles of Incorp oration of

TRASH EXPRESS SW INC		
· · · · · · · · · · · · · · · · · · ·	ation as currently filled with the F	orida Dept, of State)
P13000087215		·
(Do	cument Number of Corporation (if k	nown)
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	rida Statutes, this Florida Profit Con	rporation adopts the following amendment(s)
A. If amending name, enter the new name of the	e corporation:	
MEMETIS INC		The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or the contact of	orp," "Inc," or "Co". A professio	or "incorporated" or the abbreviation
B. Enter new principal office address, if applica		······································
(Principal office address <u>MUST BE A STREET A</u>	(DDRESS)	三 三 三
	<del></del>	<b>三型 6</b> 十
	<del></del>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	DOV)	ing - i
(Mauing address MAY BE A POST OFFICE)	<u>BUX</u> )	
		<b>&amp;</b>
		<u> </u>
D. Mamendling the registered agent and/or registered agent and/or the new registered.		ter the name of the
Name of New Registered Agent		
	(Florida street æddress)	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		. Florida
The state of State state con-	(Cit <sub>.</sub> y)	(Zip Code)
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen		e obligations of the position.
	consture of New Registered Agent 11	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/direct or 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 Do	<u>oe</u>			
X Remove	<u>v</u>	Mike Jones				
X Add	<u>sv</u>	Sally St	nith			
Type of Action (Check One)	<u>Title</u>		Name	Address		
1) Change		<del>*-</del>		**************************************		
Add						
Remove						
2) Change		<u>-</u>				
Add						
Remove						
3) Change		_				
Add						
Remove						
4) Change						
Add		<del>-</del>				
Remove						
S)Change		<b></b>		the total and th		
Add						
Remove						
6)Change						
Add		-				
Remove				· · · · · · · · · · · · · · · · · · ·		
Kemove						

		·
an amendment provides for an excha	nge, reciassification, or cancellation of issued shares,	, , ,
orovisions for implementing the ameno (if not applicable, indicate N/A)	lment if not contained in the amendment itself:	
	· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
6-1-2	2017	
Effective date <u>if applicable</u> :	(no more than 90 days: after amendment file date)	<del></del>
	(no more than 90 days: after amendment file date)	
Note: If the date inserted in this bi document's effective date on the De	ock does not meet the applicable statutory filing requirements, this partment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were ado by the shareholders was/were sur	pted by the shareholders. The number of votes cast for the amendment ficient for approval.	nt(s)
	roved by the shareholders through visting groups. The following state each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	n	
	(voting group)	
action was not required.	pted by the board of directors without shareholder action and shareholder by the incorporators without shareholder action and shareholder	older
6-1-2017 Dated		
Signature		
(By a di selected	rector, president or other officer – it directors or officers have not been been been been been been been bee	
appoint	ed fiduciary by that fiduciary)	
	GEORGE KAVOURAS	
	(Typed or printed name of person signing)	<del></del>
	PRESIDENT	
•	(Title of person signing)	