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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: PL TYRES	DISPOSAL INC	>
DOCUMENT NUMBER: P1300009411	6	
The enclosed Articles of Amendment and fee are sul	bmitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
AUXILIADORA L	OPEZ	
PL TYRES DISPO	Name of Contact Person	n
2760 SW 10TH S	Firm/ Company ST APT E5	
MIAMI, FL 33135	Address City/ State and Zip Cod	e
PLUZQUINOSF@HO	,	
For further information concerning this matter, pleas	e call:	
PEDRO LUZQUINOS	at (954	, 655-8413
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Depa	artment of State:
■ \$35 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Division Clifton	Address Iment Section on of Corporations I Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

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PLITRES DISPUSAL INC		_
(Name of Corporation as currently filed with the Flo	orida Dept. of State)	
P13000094116		
(Document Number of Corporation (if	known)	-
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	Florida Profit Corporation adopts the following	g amendment(s) to
A. If amending name, enter the new name of the corporation:		
PL TIRE DISPOSAL INC		The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Cword "chartered," "professional association," or the abbreviation "P	Co". A professional corporation name must	– bbreviation
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)		
(Manual San Manual San		-
		_
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:		
Name of New Registered Agent		÷
(Florida stree	et address)	TE DEC -9 PM 11:47
	·	- 6. 着
New Registered Office Address: (City)	, Florida (Zip Code)	- 9 TRT
(9)	(=,	3 3 3 3 3 3 3 3 3 3
		: Sec.
New Registered Agent's Signature, if changing Registered Agent:	and the second second	1 3
I hereby accept the appointment as registered agent. I am familiar wi	un and accept the obligations of the position.	2

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 <math>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			
Add Remove			 -
2) Change			
Add			
Remove			
3) Change Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add Remove			
6) Change		_	
Add			
Remove			

Attach ac	dditional shee	g additional Ar	. (Be specifi	c)			
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<u>fan am</u>	endment pro	vides for an ex	change, reclas	sification, or c	ancellation of i	ssued shares.	
provisio	ons for imple	menting the an	rendment if n	ot contained in	the amendmer	<u>it itself:</u>	
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The date of each amendment	(s) adoption: 12-06-2013	, if other than the
date this document was signed		·
Effective date if applicable:	12-06-2013	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voling group)	
The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated_12/0	06/2013	
Signature _	Anxilizationa Come	
(E	By a director, president or other officer—if directors or officers have not been elected, by an incorporator—if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)	
	AUXILIADORA LOPEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	