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SLOACIARY OF STATE
DIVISION OF CORPORATIONS
14 OCT 22 PM 2: 66

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COVER LETTER

TO: Amendment Section

Division of Corporations					
NAME OF CORPORATION: The Landfill Saloon, Inc.					
DOCUMENT NUMBER: P140000087767					
DOCUMENT NUM	BER:				
The enclosed Articles					
Please return all correspondence concerning this matter to the following:					
	Leslie Woodring				
		Name of Contact Person	l		
	The Landfill Salod	on, Inc.			
		Firm/ Company			
	1145 White Oak	Cir			
		Address			
Melbourne, FL 32					
City/ State and Zip Code					
me	elbournetaxlayer@	amail com			
	-	ed for future annual report	notification)		
	(1)	•	,		
For further information	on concerning this matter, pleas	e call:			
Leslie Woodring		at (321	508-3574		
Name	of Contact Person		de & Daytime Telephone Number		
Enclosed is a check f	for 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)		
M	ailing Address	Street Address			
An	nendment Section		Iment Section		
	vision of Corporations	Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of



The Landfill Saloon, Inc.

14 OCT 22 PM 2: 05

The Eartain Galcon, inc.		1-4 5)() (
(Name of Corporation as currently	filed with the Flor	rida Dept. of State)		
P1400008767				
(Document Number of	of Corporation (if k	nown)		
Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:	ida Statutes, this <i>Fle</i>	orida Profit Corporation ad	opts the following	g amendment(s) to
A. If amending name, enter the new name of the	corporation:			
				The new
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corword "chartered," "professional association," or th	rp," "Inc," or "Co	". A professional corpora	rated" or the ab tion name must c	obreviation contain the
B. Enter new principal office address, if applicab				
(Principal office address <u>MUST BE A STREET AL</u>	ODRESS)			
				
C. Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	<u>(OX</u>)			
				
D. If amending the registered agent and/or regist new registered agent and/or the new registered		s in Florida, enter the nam	e of the	
Name of New Registered Agent				
Nume of New Negisiereu Ageni				
	(Florida street	address)		
New Paristana d Office Address	,	Pl. 11.		
New Registered Office Address:	(City)	, Florida_	(Zip Code)	
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.		and again the obligations	of the position	
i nervoy decept the appliantent as registered agent.	r um jummar witt	i unu accepi ine oonganons	oj me posmon.	
Signature of	New Registered Age	nt if changing		
Signature by I	. ou wegmeren uge	m, y 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	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	D	Kathleen M Baker	5445 Evinrude Rd
Add			Melbourne, FL 32934
Remove			
2) Change			
Add			
Remove			
3) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)				
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,			
provisions for implementing the ame	endment if not contained in the amendment itself:			
(if not applicable, indicate N/A)				
-				

SECRETARY OF STATE DIVISION OF CORPORATIONS The date of each amendment(s) adoption: , if other than the date this document was signed. 14 OCT 22 PM 2: 06 10/14/2014 Effective date if applicable: (no more than 90 days after amendment file date) 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 (voting group) 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_ 10/14/2014 Signature((By a director, president or other officer -41 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) Leslie Woodring (Typed or printed name of person signing) President (Title of person signing)