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R. WHITE

15 APR 22 FH 3:30 SELECTION OF SEATE FALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: DOCUMENT NUMBER: P1		s Oil Recycli	ing Inc
The enclosed Articles of Amendo		for filing.	
Please return all correspondence	concerning this matter to th	ne following:	
Julian	Caballero		
	Nam	e of Contact Person	
Green	Industries Oil F	Recycling Inc	
		Firm/ Company	
311 A	Itamonte Bay Cl	ub Circle	
Address			
Altam	onte Springs, Fl	_ 32701	
	<u>_</u>	State and Zip Code	
4	t	-	
-	net@hotmail.co		
E-ma	l address: (to be used for f	uture annual report n	olification)
For further information concerning	g this matter, please call:		
Julian Caballero		_{at (} 321	746-3934
Name of Contact	Person	Area Code	e & Daytime Telephone Number
Enclosed is a check for the follow	ving amount made payable	to the Florida Depart	tment of State:
	tificate of Status Cer (Ad	3.75 Filing Fee & tified Copy ditional copy is closed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Se Division of Cor P.O. Box 6327 Tallahassee, FI	ction porations	Division Clifton F 2661 Ex	nent Section of Corporations

Articles of Amendment to **Articles of Incorporation** of

MIND

15 APR 22 Pi 3: 29

Green Industries Oil Recycling Inc

(Name of Corporation as currently filed with the	Florida Dept. of State) FLAHASSEE, FLORIDA
P14000014522	The Linkwood, Texture
(Document Number of Corporation	(if known)
cursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
	The new
name must he distinguishable and contain the word "corporate" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or vord "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	5388 Mast St.
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Apt 210
	Orlando, FL 32814
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5388 Mast St.
(maining address SEAT DEAT TOST OFFICE BOX)	Apt 210
	Orlando, FL 32814
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre	
Name of New Registered Agent	
(Florida s	street address)
New Registered Office Address:	, Florida
(Cit	
New Registered Agent's Signature, if changing Registered Agen	nt.
hereby accept the appointment as registered agent. I am familian	with and accept the obligations of the position.
Signature of New Registered	l 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: XChange	<u>PT</u>	John Doe			
X Remove	<u>v</u>	Mike Jones			
<u>X</u> Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	Title	Name	Address		
1) Change	VP	Jefferson D. Ramirez	5388 Mast St Apt 210		
✓ Add			Orlando, FL 32814		
Remove					
2) Change					
Add					
Remove					
3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

. If amending or additional she	ng additional Articles, ente ets, if necessary). (Be spec			
(Attach adamonal she	ris, if necessary). (De spec	erjic)		

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			<u> </u>	

· · · · · -				
•••				
If an amendment pr	<u>vides for an exchange, rec</u>	lassification, or car	ncellation of issued sh	ares,
provisions for impl	menting the amendment it	not contained in t	<u>ne amendment itself:</u>	
(if not applicabl	?, indicate N/A)			
ulian Caballero	50% Shares			
· · · · · · · · · · · · · · · · · · ·				
efferson Ramirez	50% Snares			

The date of each amendment(s) adoption: April 18, 2015	if other than the
date this document was signed.	
Effective date if applicable: April 18, 2015	
(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 east for the amendment(s) was/were sufficient for approval	
by"	
(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 April 18, 2015	
Signature And Agail Agail	
(By addirector, 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)	
Julian Caballero	
(Typed or printed name of person signing)	
President	
(Title of person signing)	_