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SECRETARY OF STATE FLORIDA

THE STATES



COVER LETTER

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: RECIC LA	JE OCP, INC	
DOCUMENT NUMBER: P1400006908	39	
The enclosed Articles of Amendment and fee are su	ubmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
ALBERTO MIRA	NDA	
	Name of Contact Persor	1
	Firm/ Company	····
760 WEST 76 S	Γ	
	Address	
HIALEAH, FL 33	014	
	City/ State and Zip Code	
oscargallo4@hotma	il.com	
E-mail address: (to be u	sed for future annual report	notification)
For further information concerning this matter, plea	se call:	
ALBERTO MIRANDA	at (786	853-1028
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	urtment 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)
Mailing Address	Street	Address
Amendment Section		ment Section
Division of Corporations		n of Corporations Building
P.O. Box 6327 Tallahassee, FL 32314		xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

10					
RECICLAJE OCP, INC.			_		
(Name of Corporation as currently filed with the Flo	rida Dept. of State)				
P14000069089			-		
(Document Number of Corporation (if	(nown)				
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	lorida Profit Corporation adop	ts the followin	g amendi	ment(s) to
A. If amending name, enter the new name of the corporation:					
			_The n	ew	
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	o". A professional corporatio	ted" or the a	bbreviati contain t	on the	
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 addresses registered agent and/or the new registered office address:	ss in Florida, enter the name	of the	-		
Name of New Registered Agent					•
(Florida stree	et address)				
New Registered Office Address:	, Florida				
(City)		(Zip Code)	ALE SE	7	
			AH.	SEF	
New Registered Agent's Signature, if changing Registered Agent:			TAR ASS	29	7
I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations o	f the position.	EE, of	P	

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 Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	Р		ALBERTO MIRANDA	760 WEST 76 ST.
Add				HIALEAH, FL 33014
Remove				
2) Change				
Add				
Remove				
3) Change				
Add		_		
$\overline{}$				
Remove				<u> </u>
4) Change				
Add				
Remove				
5) Change				
		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)	
		
		
<u></u>		
		· · · · ·
an amandment provides for an each	anno malanification or consultation of insural shares	
provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
(y not applicable, maleule 14/A)		
(y not appreciate, material (4/A)		
(y nor appricable, maleule 14/A)		
(y nor appricable, maleule 14/1)		
(y not appreciate, material (1/A)		
(y nor appricable, maleule 14/A)		
(y nor appricable, maleule 14/A)		
(y not appricable, maleule 1971)		

date this document was signed.	doption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) officient for approval.	
	proved by the shareholders through voting groups. The following statement 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	
by	(voting group)	
	(voting group)	
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated 09/23/20	014	
Signature	Pol	
By a d	lirector, president or other officer - if directors or officers have not been	
	d, by an incorporator — if in the hands of a receiver, trustee, or other court	
appoin	ted fiduciary by that fiduciary)	
	ALBERTO MIRANDA	
,	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	