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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: A & L CARRIER SERVICES INC.

Account Number : I20110000033

Phone Fax Number ; (786)360-2879 : (786)362-5270

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Informal curring services. COM?

COR AMND/RESTATE/CORRECT OR O/D RESIGN ORIENTE RECYCLING INC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$35.00

FEB 1 4 2018 I ALBRITTON

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COVER LETTER

Division of Corpo			
NAME OF CORPOR	ATION: ORIENTE RECY	CLING INC	
DOCUMENT NUMB	ER:	·	
The enclosed Articles of	Amendment and fee are su	abmitted for filing.	,
Please return all corresp	condence concerning this ma	atter to the following:	
I	esmeriet labrada ca	BRERA	
_		Name of Contact Perso	
,	ORIENTE RECYCLINO IN	c	
-		Firm/ Company	
!	6230 NW 37TH AVE		
_		Address	
ć	DPA LOCKA , PL 33054		
_		City/ State and Zip Cod	c
info@s	alcarrierservices.com		
		sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
A & L CARRIER SER	VICES INC	786	360-2879
Name of	Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	D\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐SS2.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amen Divisi P.O. Y	ng Address dment Section on of Corporations Box 6327 nassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporat	tion as currently filed with the Florida Dept. of State)	-
P17000088651		
(Docu	ment Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florid ts Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amen	dment(s) to
. If amending name, enter the new name of the c	orporation:	
	The	Matu
	rd "corporation," "company," or "incorporated" or the abbrevia o," "Inc." or "Co". A professional corporation name must contain	tion
. <u>Enter new principal office address, if applicable</u> Principal offica address <u>MUST BE A STREET AD</u>		~
: Enter new mailing address, II applicable: (Mailing address <u>MAY BE A POST OFFICE B</u> O	<u>)X)</u>	2018 FEB 13
. If amending the registered agent and/or registened new registered agent and/or the new registered	ered office address in Florida, enter the name of the office address:	
Name of New Registered Agent	LABRADA CABRERA	
	(Fiorida street address)	
	7121.	
New Registered Office Address:	(Clty) Florida (Zip Code)	

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.

X Change	<u>PT</u>	John Doc	
X Remove	¥	Mike Jones	
X Add	<u>sy</u>	Sally Smith	
Type of Action (Check One)	Title	Nems	<u>Addres</u> s
I) X Change	<u> </u>	ESMERIET LABRADA CABRERA	16230 NW 37TH AVE
Add ,			OPA LOCKA, FL 33054
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4)Change			
Add			·
Remove	•		
5) Change			
Add			
Remove			
			
6) Change			·
Add			
Remove			

tach additional sheets, if necessary).	lcles, enter change(s) here: (Be specific)		
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an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or can indment if not contained in th	e amendment itself:	
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The date of each amendmen		, if other than the
date this document was signed	i. 02/09/2018	
Effective date if applicable:	(no more than 90 days after amendment file date)	<u> </u>
	this block does not meet the applicable statutory filing requirements, this dat he Department of State's records.	e will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
	re adopted by the shareholders. The number of votes east for the amendment(s) ere sufficient for approval.	I
* * *	re approved by the sharcholders through voting groups. The following statemened for each voting group entitled to vote separately on the amendment(s):	nt
	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voring 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	
02/09/ Dated	72018	
	Prof	
şê	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)	
	ESMERIET LABRADA CABRERA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	