P17000101505

(Requestor's Name)	
(Address)	600337844596
(Address)	000337044330
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	12/12/1901812882 **35.88
(Business Entity Name)	
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COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: _ CIRCLE B ENVIRONMENTAL SERVICES, INC DOCUMENT NUMBER: P17000101505 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ROBERT M SHINDLER Name of Contact Person ROBERT M SHINDLER, CPA PA Firm/ Company 2429 MANATEE E AVE E UNIT 2 Address BRADENTON, FL 34208 City/ State and Zip Code SHINDLER24@MSN.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ROBERT M SHINDLER at (941) 747-6100 Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

(Name of Corpo	ration as currentl	y filed with the Florida Dep	t. of State)			
CIRCLE B ENVIROMENTAL SERVICES, INC		P170001015705				
(De	ocument Number o	f Corporation (if known)				
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this	Florida Profit Corporation ac	lopts the fol	llowing ame	ndment(s) t
A. If amending name, enter the new name of th	he corporation:					
CIRCLE B ENVIRONMENTAL SERVICES, IN	C			The	пен	
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," ", "chartered," "professional association," or the a	Inc," or "Co". 🕝	I professional corporation n				
B. Enter new principal office address, if applic (Principal office address MUST BE A STREET.		N/A				
			-	, , , ,		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	EBOX)	N/A		, , ,	13 July 1	- ere
				• 1	12 PM	 - i
D. If amending the registered agent and/or reg new registered agent and/or the new registe			ne of the	.* <u>2.,</u> m	1 2: 33	base
Name of New Registered Agent N/A						
	· · · · · · · · · · · · · · · · · · ·					
	(Florida str	vet address)				
New Registered Office Address:			, Florida			
		(City)		(Zip Code)		
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age			s of the pos.	ition.		
	Signature of New R	voistered 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 Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>N'ame</u>	Address
1) Change			N/A
Add			
Remove			
2) Change			
Add			·
Remove Change		_	
Add			
Remove			
4) Change		_	<u> </u>
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			
		Page 2 of 4	
E. If amending or addi	ng additi	ional Articles, enter change(s) here: cessary). (Be specific)	
N/A	eis, ij nec	селмиу).— (не ѕресунс)	

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provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) N/A	
	
	
Page 3 of 4	
The date of each amendment(s) adoption:	, if other than the
12/05/10	
Effective date if applicable: (no more than 90 days after amendment file date)	
(по тоге (пап Ун даух арег атепатені рие ааге)	

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be fisted as the document's effective date on the Department of State's records.

Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted by the shareholders was/were sufficients.	by the shareholders. The number of votes cast for the amendment(s) ent for approval.
	d by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):
"The number of votes cast for th	e amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder
action was not required. Dated 12/05/19 Signature	by the incorporators without shareholder action and shareholder
selected, by	r, president of other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court duciary by that fiduciary)
BRA	DFORD CAIRNE
	(Typed or printed name of person signing)
p	
(Title	of person signing)