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TO: Amendment Section Division of Corporations 2010 DEC 10 PM 4:50

SECRETARY OF STATE TALLAHASSEE, FLORID!

NAME OF CORPOR	ATION: WASTELINE SOL	UTIONS, INC.		
DOCUMENT NUMB	ER: P18000095964			
	of Amendment and fee are sul	omitted for filing.		
Please return all corres	pondence concerning this mat	ter to the following:		
	SILVIO ZUCCARELLI			
		Name of Contact Person	1	
	LOUIS MAMO & COMPAN	IY		
		Firm/ Company		
	290 S. ANDREWS AVENUE	E. SUITE #4		
	_	Address		
	POMPANO BEACH, FL 33	069		
		City/ State and Zip Code	<u> </u>	
SILV	IO@LMC123.COM			
	<u> </u>	sed for future annual report	notification)	
For further informatio	n concerning this matter, pleas	se call:		
SILVIO ZUCCARELLI		954 at (942-1120 de & Daytime Telephone Number	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:	
\$35 Filing Fee	☐S43.75 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			Address	
Amendment Section			Iment Section	
Division of Corporations			on of Corporations 1 Building	
P.O. Box 6327 Tallahassee, FL 32314		2661 Executive Center Circle		

Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

· 14.7....

WASTELINE SOLUTIONS, INC.

2010 DEC 10 PM 4: 50

(Name of Corporation	on as currently filed with the Florida Dept. of State TARY OF STATE TALL AHASSEE. FLORID!
P18000095964	TALLAHASSEE.FLORID;
(Docum	uent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the co	rporation:
	The new discorporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADD</u>	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO)</u>	<u>Y</u> ,
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regi I hereby accept the appointment as registered agent.—i	istered Agent: I am familiar with and accept the obligations of the position.
Signer	ature of New Registered Agent it 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> 1°T</u>	John Doc		
X Remove	V	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	P	TINA LA RUFFA	420 W. MCNAB ROAD	
Add			FORT LAUDERDALE, FL 33309	
X Remove				
2) Change	P	TINA MARIA GOLDSTEIN	420 W. MCNAB ROAD	
X Add			FORT LAUDERDALE, FL 33309	
Remove				
3) Change				
Add				
Remove			· -	
4)Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

	onal shects, if neces	ssary). (Be speci	(ic)			
				<u> </u>	<u>.</u>	
			<u> </u>			
		<u>.</u>	<u>. </u>			
		 .				
			<u></u> .		<u> </u>	
					•	. . .
provisions fo	nent provides for a	he amendment if i	issification, or c not contained in	ancellation of iss the amendment	ued shares, itself:	
(if not ap	pplicable, indicate .	N/A)				
	····		-			<u> </u>
				<u> </u>		
_						

The date of each amendment(s) a date this document was signed.	adoption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this datepartment of State's records.	te will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(sufficient for approval.	s)
	oproved by the shareholders through voting groups. The following statement we each voting group entitled to vote separately on the amendment(s):	ભા
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	<u> </u>	
	(voting group)	
☐ The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and shareholde	21
The amendment(s) was/were ac action was not required.	dopted by the incorporators without shareholder action and shareholder	
Dated	1/7/18	
Signature	ina Maria Holdsleis	
(By a select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other counted fiduciary by that fiduciary)	1
	TINA MARIA GOLDSTEIN	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	