P19000009540

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TO: Amendment Section Division of Corporations

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NAME OF CORPO	RATION:All-Scrap Ver	nice, Inc.	
DOCUMENT NUM	BER: P19000009540		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	itter to the following:	
	Frank J. Aloia, Jr., Esq.		
		Name of Contact Person	1
	Aloia, Roland, Lubell	& Morgan PLLC	
	Mola, Roland, Edition	Firm/ Company	
	2222 Second Street	Time Company	
		Address	
	Fort Myers, FL 33901		
		City/ State and Zip Code	3
	faloia@lawdefined.co	m	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
Frank J. Aloia,	Jr., Esq.	at (239	791-7950
Frank J. Aloia, Jr., Esq. Name of Contact Person		Area Coo	le & Daytime Telephone Number
Enclosed is a check fo	or the following amount made	payable to the Florida Depa	rtment of State:
№ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

Articles of Amendment to Articles of Incorporation of

All-Scrap Venice, Inc		
(Name of Corporation as current	ly filed with the Florida Dept. of Sta	ite)
P19000009540		
(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the	e following amendment(s) t
A. If amending name, enter the new name of the corporation:		
All-Scrap Nokomis, Inc.		The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name m	
B. Enter new principal office address, if applicable:	492 Riverview Drive	- 2
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Nokomis, FL 34275	1 7 7
		(A) 00 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		ن ن
		E. 5
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address Name of New Registered Agent	ress in Florida, enter the name of th	<u>e</u>
(Harida str	reet address)	
·		
New Registered Office Address:	, Florida (City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar t	<u>;</u> with and accept the obligations of the _l	position.
Signature of New R	egistered Agent, if changing	
Check if applicable		

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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	PT	John Doc		
X Remove	<u>λ</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name		Address
1) Change				
Add				
Remove				
2) Change			.	
Add				
Remove 3) Change				
Add				1000
Remove				
4) Change				
Add				,
Remove				
5) Change		<u> </u>		
Add				•
Remove				
6) Change				
Add				
Remove				

	adding additional Article al sheets, if necessary).	(Be specific)				
						
	·····					
						
						
						-
					· · · · · · · · · · · · · · · · · · ·	

					· · · · ·	
in <u>amendme</u>	<u>nt provides for an exchan</u>	ge, reclassificatio	<u>a, or cancellation</u>	<u>of issued shares,</u>		
<u>rovisions for</u>	implementing the amend	<u>ment if not contai</u>	ned in the amends	nent itself:		
(if not app	icable, indicate N/A)					

• . . .

		ment(s) adoption;	, if other than the
date this documer	nt was si	gned.	
Effective date if	applicat	ole:	
		(no more than 90 days after amendment file date)	
Note: If the date document's effect	e insertec tive date	l in this block does not meet the applicable statutory filing requirement on the Department of State's records.	s, this date will not be listed as the
Adoption of Amo	endmen	(s) (CHECK ONE)	
The amendment action was not	nt(s) was required	/were adopted by the incorporators, or board of directors without shareho	older action and shareholder
The amendment by the shareho	nt(s) was olders wa	/were adopted by the shareholders. The number of votes cast for the ames/were sufficient for approval.	endment(s)
☐ The amendmen must be separa	nt(s) was <i>ately pro</i>	were approved by the shareholders through voting groups. The followin vided for each voting group entitled to vote separately on the amendment	g slatement ((s):
"The nun	mber of v	otes cast for the amendment(s) was/were sufficient for approval	
by		п	
		(voting group)	
,	Dated	October 16, 2024	
:	Signature		
·		(By a director, president of the following of a receiver, trustee, or of appointed fiduciary by that fiduciary)	ot been her court
-		Graysen P. Johnson, II	
		(Typed or printed name of person signing)	
		President	
		(Title of person signing)	