P190000 18723

(Re	questor's Name)	· · · · · · · · ·
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MEG.	A AUTO RECYCLING C	ORP	
DOCUMENT NUMBER: P1900001			
The enclosed Articles of Amendment	and fee are submitted for f	iling.	
Please return all correspondence conce	erning this matter to the fol	lowing:	
IGNACIO D. R	OMERO GALY		
	Name of	Contact Person	
MEGA AUTO I	RECYCLING CORP		
	Firnv	Company	
5404 24TH AV	E S		
	Α	ddress	
TAMPA, FL 33	619		
,	City/ State	e and Zip Code	
megaauto2019@	goutlook.com		
E-mail add	ress: (to be used for future	annual report n	otification)
For further information concerning this	s matter, please call:		
IGNACIO D. ROMERO GALY	a	754 t (317-5317
Name of Contact Person		Area Code	& Daytime Telephone Number
Enclosed is a check for the following a	amount made payable to th	e Florida Depar	tment of State:
_	te of Status Certified	nal copy is	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporat P.O. Box 6327 Tallahassee, FL 323	tions	Division The Cer 2415 N	address nent Section of Corporations ntre of Tallahassee . Monroe Street, Suite 810 see, FL 32303

Articles of Amendment to Articles of Incorporation of

MEGA AUTO RECYCLING CORP

(Name of Corporation as cu	rrently filed with the Flori	da Dept. of State)		
P19000018723				
(Document Nun	nber of Corporation (if know	m)		
Pursuant to the provisions of section 607,1006, Florida Statutes its Articles of Incorporation:	s, this <i>Florida Profit Corpor</i>	ation adopts the fol	llowing amend	lment(s) t
A. If amending name, enter the new name of the corporation	on:			
N/A			The i	rew
name must be distinguishable and contain the word "corporatio "Inc.," or Co.," or the designation "Corp," "Inc," or "Co "chartered," "professional association," or the abbreviation	o". A professional corpor		eviation "Corp	v., ''
B. Enter new principal office address, if applicable:	N/A			
(Principal office address <u>MUST BE A STREET ADDRESS</u>)				_
				_
			73	_
C. Enter new mailing address, if applicable:	N/A		,1	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	·····			-
				<u> </u>
			:: 	رني
D. If amending the registered agent and/or registered office	e address in Florida, enter	the name of the	 ປາ ຕາ	
new registered agent and/or the new registered office ad		the factor of the	Ü	
Name of New Registered Agent N/A				
· · · · · · · · · · · · · · · · · · ·	ida street address)			
New Registered Office Address:		, Florida		
	(City)		(Zip Code)	
New Negativa Office Manages.	(City)		(Zip Code)	_
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fam		ligations of the posi	tion.	
C:	New Registered Agent, if cha			

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	<u>PT</u>	John Do	<u>e</u>	
X Remove	Y	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	ES	_	NEIL A. OLLARVEZ	3546 W 106TH TER
Add				HIALEAH, FL 33018
X Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				,
Remove				

	ditional sheets, if necessary). (Be specific)	
ARTICLE V	II-OFFICER AND/OR DIRECTORS	
resident	IGNACIO D. ROMERO GALY	
	7914 STUMBLE JOURNEY LN	100%
	TAMPA, FL 33619	
<u>-</u>		
provisio	endment provides for an exchange, reclassif ns for implementing the amendment if not of applicable, indicate N/A)	fication, or cancellation of issued shares, contained in the amendment itself:
•		
•		
•		
•		
•		
(<i>ij ii</i>		

·	NOVEMBER 25th, 2020	
The date of each amendment	(s) adoption:	, if other than the
date this document was signed	NOVEMBER 25th, 2020	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	this block does not meet the applicable statutory filing requirements, this date he Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/wer action was not required.	re adopted by the incorporators, or board of directors without shareholder action	and shareholder
■ The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement of for each voting group entitled to vote separately on the amendment(s):	
	s cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
NOVI	EMBER 25th, 2020	
Signature	by a director, president or other officer of directors or officers have not been	
sc	elected, by an incorporator – if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)	
	IGNACIO D. ROMERO GALY	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	