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## COVER LETTER

**TO:** Amendment Section Division of Corporations

The enclosed Articles of Amendment and fee are submitted for filling.  Please return all correspondence concerning this matter to the following:  JOEL MARIN MARTINEZ  Name of Contact Person  JOEL SERVICIO DE RECOGIDA DE BASURA INC  Firm/ Company  3404 W SAINT LOUIS ST  Address  TAMPA, FL 33607  City/ State and Zip Code  JOELMARIN31@yahoo.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  JOEL MARIN MARTINEZ  Name of Contact Person  Area Code & Daytime Telephone Numb  Enclosed is a check for the following amount made payable to the Florida Department of State:	NAME OF CORPORATION:	RVICIO DE RECOGIDA DE BA	SURA INC	
Please return all correspondence concerning this matter to the following:  JOEL MARIN MARTINEZ  Name of Contact Person  JOEL SERVICIO DE RECOGIDA DE BASURA INC  Firm/ Company  3404 W SAINT LOUIS ST  Address  TAMPA, FL 33607  City/ State and Zip Code  JOELMARIN31@yahoo.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  JOEL MARIN MARTINEZ  JOEL MARIN MARTINEZ  Name of Contact Person  Area Code & Daytime Telephone Numb  Enclosed is a check for the following amount made payable to the Florida Department of State:  S35 Filing Fee  \$\Begin{array}{c} \S52,50 \text{ Filing Fee} \Bigs \Bigs \S43.75 \text{ Filing Fee} \Bigs \Bigs \Bigs \S52,50 \text{ Filing Fee} \Bigs \Bigs \S52,50 \text{ Filing Fee}				
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Address  TAMPA, FL 33607  City/ State and Zip Code  JOELMARIN31@yahoo.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  JOEL MARIN MARTINEZ  Name of Contact Person  Tampa, FL 33607  at (813 235-8320  Area Code & Daytime Telephone Numb  Enclosed is a check for the following amount made payable to the Florida Department of State:  S35 Filing Fee  S35 Filing Fee  S43.75 Filing Fee S43.75 Filing Fee		Firm/ Company		
City/ State and Zip Code  JOELMARIN31@yahoo.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  JOEL MARIN MARTINEZ  Name of Contact Person  Area Code & Daytime Telephone Numb  Enclosed is a check for the following amount made payable to the Florida Department of State:  S35 Filing Fee  S43.75 Filing Fee \$ \$\square\$\$\$\$\$\$ \$\square\$	3404 W \$AINT	DUIS ST		
City/ State and Zip Code  JOELMARIN31@yahoo.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  JOEL MARIN MARTINEZ  Name of Contact Person  Area Code & Daytime Telephone Numb  Enclosed is a check for the following amount made payable to the Florida Department of State:  S35 Filing Fee  \$43.75 Filing Fee \$ \$\square\$		Address		
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For further information concerning this matter, please call:    JOEL MARIN MARTINEZ	JOELMARIN31@ya	com		
JOEL MARIN MARTINEZ     at (813 235-8320 235-832	E-mail add	: (to be used for future annual repo	ort notification)	
Name of Contact Person Area Code & Daytime Telephone Numb  Enclosed is a check for the following amount made payable to the Florida Department of State:  \$\Begin{align*} \Boxed{\text{S35}} \ \text{Filing Fee} & \Boxed{\text{S43.75}} \ \text{Filing Fee} \text{\$\text{S43.75}} \	for further information concerning thi	atter, please call:		
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■ \$35 Filing Fee	Name of Contact Perso	Area (	Code & Daytime Telephone Number	
- · · · · · · · · · · · · · · · · · · ·	Enclosed is a check for the following a	unt made payable to the Florida De	epartment of State:	
Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)		f Status Certified Copy (Additional copy is	Certificate of Status Certified Copy (Additional Copy	
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle	Amendment Section Division of Corpora P.O. Box 6327	Ame s Divi Clift	Amendment Section Division of Corporations Clifton Building	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED

JOEL SERVICIO DE RECOGIDA DE BASURA INC

(Name of Corporation as curr	ently filed with the Florida D	ept. of States JA 25 P
P19000048486		+315 Apr.
(Document Numb	er of Corporation (if known)	SECRETARY OF STA TALLAHASSEE, FLOR
Pursuant to the provisions of section 607,1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation	radopts the following amendments
A. If amending name, enter the new name of the corporation	<u>ı:</u>	
JOEL DEMOLITION SERVICES INC		The new
name must be distinguishable and contain the word "corpor" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," word "chartered," "professional association," or the abbreviati	or "Co" A professional corp	rporated" or the abbreviation
B. Enter new principal office address, if applicable:		<del></del>
(Principal office address <u>MUST BE A STREET ADDRESS</u> )		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office add		name of the
Name of New Registered Agent		<del>-</del>
(Florid	la sweet address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Ag I hereby accept the appointment as registered agent. I am famil		ions of the position
Ván		ons ty the product.
Signature of No	ew Registered Agent, if changin	g

## 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 Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
<u>X</u> Add	<u>sv</u>	Sally Sm	nith_	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change				
Add				
Remove				
3) Change	<del></del>			
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4) Change			<u> </u>	
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5) Change		<u></u>		-
Add				
Remove				
6) Change	<del></del>			
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
PLEASE CHANGE THE NAME OF THE COPORATION
OLD NAME: JOEL SERVICIO DE RECOGIDA DE BASURA INC
NEW NAME: JOEL DEMOLITION SERVICES INC
<del>- 1</del>
<del></del>
<del></del>
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

The date of each amendmen		, if other than the
date this document was signed Effective date <u>if applicable</u> :	06/05/2019	
<del></del>	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this che Department of State's records.	late will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
	re adopted by the shareholders. The number of votes cast for the amendment ere sufficient for approval.	(s)
	re approved by the shareholders through voting groups. The following statened for each voting group entitled to vote separately on the amendment(s):	vent
"The number of vote	s east for the amendment(s) was/were sufficient for approval	
by	(voting group)	
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and sharehold	ler
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
06/05 Dated Signature _	i/2019	
(I s	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 composited fiduciary by that fiduciary)	
	JOEL MARIN MARTINEZ	
	(Typed or printed name of person signing)	12.72
	PRESIDENT	
	(Title of person signing)	<del> </del>