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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: L.C.U.S CORP					
	BER: P20000022834					
	of Amendment and fee are su	bmitted for filing.				
Please return all corre	spondence concerning this ma	ater to the following:				
	LUIZ OTAVIO COSTA					
	-	Name of Contact Person	n			
	TARGET MULTI SERVICES LLC					
		Firm/ Company				
	700 E ATLANTIC BLVD SU					
		Address				
	POMPANO BEACH, FLORIDA 33060					
		City/ State and Zip Cod	e			
	INFO@TARGETMULTISE	RVICES.COM				
	E-mail address: (to be us	sed for future annual report	notification)			
For further information	on concerning this matter, pleas					
FERNANDA SOUS		at () 8889789 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:			
S35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio The Co 2415 Y	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303			

Articles of Amendment Articles of Incorporation of

L.C.U.S CORP	T) 66°
(Name of Corporation as currently filed with the Florida	a Dept. of State)
(Document Number of Corporation (if known)	<u> </u>
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida Profit Corporat</i> is Articles of Incorporation:	tion adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
W&T_WASTE AND TRANSPORT CORP	The new
name must be distinguishable and contain the word "corporation," "company," or "incorpora "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A professional corporat "chartered," "professional association," or the abbreviation "P.A."	
Enter new principal office address, if applicable:	
Principal office address <u>MUST BE A STREET ADDRESS</u>)	021
. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
	. 25
D. If amending the registered agent and/or registered office address in Florida, enter the new registered agent and/or the new registered office address: Name of New Registered Agent	ne name of the
(Florida street address)	F1 - 1 1
New Registered Office Address: (City)	, Florida (Zip Code)
iew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent.—I am familiar with and accept the oblig	gations of the position.
Signature of New Registered Agent, if chang	zing
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)

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 Doe	
X Remove	$\underline{\mathbf{V}}$	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			
Ađd			
Remove			
2) Change			
Add			
Remove 3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)	
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	1 25 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	shares.
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an amendment provides for an exchorovisions for implementing the ame (if not applicable, indicate N/A)	namee, reclassification, or cancellation of issued nament if not contained in the amendment itse	<u>ir.</u>
an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	namee, reclassification, or cancellation of issued nament if not contained in the amendment itse	<u>lf:</u>
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02/01/2021	
	_, if other than the
date this document was signed.	
02/01/2021	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will n document's effective date on the Department of State's records.	ot be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and staction was not required.	nareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes east for the amendment(s) was/were sufficient for approval	2021 I.AY -4
by,``	
(voting group)	
	1-
Dated 04/26/2624	P# -:
17 ded 0 1/ 60 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ယ် ်
$\sim 11/1$	
Signature XW3 How GG	. 26
(By a prector, president or other officer – if directors or officers have not been	O,
selected, by an incorporator - if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
LUIZ OTAVIO COSTA	
(Typed or printed name of person signing)	
(Title of person signing)	

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