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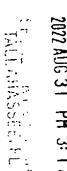
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## COVER LETTER

TO: Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

| NAME OF CORPORATION: Alpha ECO Pegt, INC. DOCUMENT NUMBER: P20000096903  |
|--|
| he enclosed Articles of Amendment and fee are submitted for filing.  |
| lease return all correspondence concerning this matter to the following:   |
| Jean Loui Navallo  Name of Contact Person  |
| Firm/ Company  21451 San Sinkon way # 103  Address  Miami, FC 33179  City/ State and Zip Code  Dean - Loui @ hofmail, Com  |
| E-mail address: (to be used for future annual report notification)  or further information concerning this matter, please call:  Lan Loui Navarro at (305), 527-1508                 |
| Name of Contact Person Area Code & Daytime Telephone Number  |
| S35 Filing Fee  S43.75 Filing Fee & S43.75 Filing Fee & Certificate of Status  Certificate of Status  (Additional copy is enclosed)  S43.75 Filing Fee & Certified Copy is enclosed) |
| Mailing Address Amendment Section Division of Corporations  Street Address Amendment Section Division of Corporations  |

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

## Articles of Amendment Articles of Incorporation

FU.ED

| (Name of Corporation as currently filed with the Florida Dept. of State)  2 000096963  (Document Number of Corporation (if known)  Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the foits Articles of Incorporation:  A. If amending name, enter the new name of the corporation:  Magazian Bee Kescues Inc.  name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviance," or Co.," or the designation "Corp." "Inc.," or "Co". A professional corporation name must of "chartered," "professional association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Magazian 33 | 2 AUG 31                                     | ÈÈE.F         | <u>'</u> |
|--|--|---------------|----------|
| Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the foi its Articles of Incorporation:  A. If amending name, enter the new name of the corporation:  Mage Bee Rescycles, Inc.  name must be distinguishably and contain the word "corporation," "company," or "incorporated" or the abbreviation "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co". A professional corporation name must e "chartered," "professional association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  # 113   | LLAHAS                                       | SÉÉE. F       |          |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the foi its Articles of Incorporation:  A. If amending name, enter the new name of the corporation:  Mage Bee Rescycles, Inc.  name must be distinguishably and contain the word "corporation," "company," or "incorporated" or the abbreviation "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co". A professional corporation name must e "chartered," "professional association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  # 113   | <u>.                                    </u> |               |          |
| A. If amending name, enter the new name of the corporation:  Maga Bee Rescyes Inc.  name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviance," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name must entertied, "professional association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  # 113   |  |               | <u></u>  |
| mame must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name must enhanced," "professional association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  # 13  | llowing ame                                  | indment(s     | i) to    |
| name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must embreviately "professional association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  # 13  | The  |               |          |
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| Tinum, 40 Do   | 179  |               |          |
| 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 address in Florida, enter the name of the new registered agent and/or the new registered office address:  |  | <del></del>   |          |
| Name of New Registered Agent   |  |               |          |
| (Florida street address)   |  |               |          |
| New Registered Office Address:   |  |               |          |
| (City)   | (Zip Code)                                   |               |          |
| New Registered Agent's Signature, if changing Registered Agent:<br>I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the posi  |  |               |          |

Signature of New Registered 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)

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 Doc    |                 |
|-------------------------------|--------------|-------------|-----------------|
| X Remove                      | <u>V</u>     | Mike Jones  |                 |
| X Add                         | <u>sv</u>    | Sally Smith |                 |
| Type of Action<br>(Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change                     |              |             |                 |
| Add                           |              |             |                 |
| Remove                        |              |             |                 |
| 2) Change                     | -            |             |                 |
| Add                           |              |             |                 |
| Remove 3 ) Change             |              |             |                 |
| Add                           |              |             |                 |
| Remove                        |              |             |                 |
| 4) Change                     |              |             |                 |
| Add                           |              |             |                 |
| Remove                        |              |             |                 |
| 5) Change                     |              |             |                 |
| Add                           |              |             |                 |
| Remove                        |              |             |                 |
| 6) Change                     |              |             |                 |
| Add                           |              |             |                 |
| Remove                        |              |             |                 |

| amending or adding additional tuch additional sheets, if necessa | ry). (Be specific)                    | - <del></del>      |                                       |                                       |             |
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| If an amendment provides for an                                  | exchange, reclassifica                | ation, or cancella | tion of issued sha                    | ires,                                 |             |
| provisions for implementing the (if not applicable, indicate N/A | imendment if not co                   | ntained in the ar  | nendment itself:                      |                                       |             |
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| The date of each amendment(s) adoption   | on:  | 8/24/21                                       | 22.  | , if           | other th     | nan the     |
|--|--|---|--|----------------|--------------|-------------|
| date this document was signed.   |  | 8/24/20                                       |  |                |              |             |
| Effective date <u>if applicable</u> :  | <del></del>                                    |   |  |                |              |             |
|  | (no more tha                                   | in 90 days after amen                         | lment file date)                             |                |              |             |
| Note: If the date inserted in this block of document's effective date on the Department. | does not meet the ap<br>nent of State's record | plicable statutory filis.                     | ng requirements, this da                     | nte will not l | be listed    | as the      |
| Adoption of Amendment(s)   | (CHECK ONE)                                    |   |  |                |              |             |
| The amendment(s) was/were adopted taction was not required.                              | by the incorporators,                          | or board of directors                         | without shareholder acti                     | ion and share  | eholder      |             |
| ☐ The amendment(s) was/were adopted to<br>by the shareholders was/were sufficient        | by the shareholders, at for approval.          | The number of votes                           | cast for the amendment                       | (s)            |              |             |
| ☐ The amendment(s) was/were approved must be separately provided for each                | by the shareholders voting group entitled      | through voting group<br>to vote separately or | s. The following statem<br>the amendment(s): | ent<br>O       | 2027         |             |
| "The number of votes cast for the  | e amendment(s) was                             | /were sufficient for ap                       | proval                                       | ALL            | 2022 AUG 3 1 |             |
| by   | (voting group)                                 |   | ·  | AHASS          |              | Carra (arr) |
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| Dated  | 24/22  |   |  | णुक्<br>m≥     | PM 3: 17     |             |
|  | 1  | A   |  | - i-           | <u> </u>     |             |
| Signature(By a director  | r, president of other o                        | officer – if directors o                      | officers have not been                       |                |              |             |
| selected, by a   | ın incorporator – if ir                        | n the hands of a receiv                       | er, trustee, or other cou                    | rt             |              |             |
| appointed to   | uciary by that fiducia                         | ary)  |  |                |              |             |
|  | Jean W   | ui Nav  | alr o  |                |              |             |
|  | (Typed or print                                | ted name of person sig                        | gning)                                       |                |              |             |
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|  | (Title of person                               | n signing)                                    |  |                |              |             |