P21000036309

(Reque	estor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to Fili	ng Officer:	
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C. BRUMBLEY NOV 17 2021

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: WASTERUS'T CORP DOCUMENT NUMBER: P21000036309 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **ROBERTO TAPANES** Name of Contact Person WASTERUS'T' CORP Firm/ Company 1035 SE 5 STREET Address HIALEAH FL 33018 City/ State and Zip Code DORTAACOUNTING@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (786) 4520695

Area Code & Daytime Telephone Number ISABEL RODRIGUEZ Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Talluhassee, 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

WASTERUS'T CORP.				
	e of Corporation as current	lly filed with the Florida De	ept. of State)	
P21000036309				
	(Document Number of	of Corporation (if known)		
Pursuant to the provisions of section 60 its Articles of Incorporation:	7.1006, Florida Statutes, this	Florida Profit Corporation	adopts the following am	endment(s) t
A. If amending name, enter the new	name of the corporation:			
nama musa ka dhaha 21 11		· 	The	new
name must be distinguishable and contain "Inc.," or Co.," or the designation " "chartered," "professional association,	or the abbreviation "P.A."	A professional compression)	
B. Enter new principal office address	, if applicable:			
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		1947 NW 17 TH ST		
		MIAMI FL 33125		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		12094 NW 93 PL		
		HIALEAH	350; 752;	:
		FL 33018	NON NOW	
. If amending the registered agent a	nd/or registered office addr	ess in Florida, enter the na	me of the Act	
new registered agent and/or the ne	w registered office address:		7	Π
Name of New Registered Agent	ROBERTO TAPANES		मध्य म	0
	1947 NW 17 TH ST MIAN	11 FL 33125	~ ~	
	(Florida stre	ect address)		3
New Registered Office Address:	1947 NW 17 TH ST MIAM	11 FL	, Florida ³³¹²⁵	
	((City)	(Zip Code)	
ew Registered Agent's Signature, if c hereby accept the appointment as regist	hanging Registered Agent: ered agent. I am familiar w	ith and accept the obligation	s of the position.	
	,		, ,	
	Signature of New Re	gistered 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, an 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 = ChieExecutive 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 i. 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	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
I) Change	<u> </u>		
Add			
Remove			
2) Change	PT	KATTY CANDALES	21451 SW 240 TH STREET
Add			HOMESTEAD FL 33031
Remove 3) Change	PT	ROBERTO TAPANES	1947 NW 17 TH ST
Add			MIAMI FL 33125
Remove			
4) Change	<u>-</u>		~
Add			0.7
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additiona	adding additional A l sheets, if necessary	rticles, enter c	hange(s) here	<u>e</u> :		
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rovisions for im	provides for an excl	18nge, reclassif	fication, or ca	ancellation of	issued shares,	
(if not applica	plementing the ame	adment if not	Contained in	the amendme	nt itself:	
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09/18/2021 The date of each amendment(s) adoption: if other than t date this document was signed. 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 not be listed as th document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) ■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. \Box 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 cast for the amendment(s) was/were sufficient for approval (voting group) 09/18/2021 Dated Signature (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) (Title of person signing)