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SECRETARY OF STATE
STATE CORPORATION:

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	TION: Campopiano Con	sulting Corp	
DOCUMENT NUMBER	B2100004414k	<u> </u>	
The enclosed Articles of A	Amendment and fee are s	submitted for filing.	
Please return all correspor	ndence concerning this m	atter to the following:	
Jen	nifer Cahill		
		Name of Contact Perso	n
Car	npopiano Consulting Co	гр	
		Firm/ Company	
508	30 N Ocean Drunit 20C		
		Address	
Sin	ger Island, FL 33404		
		City/ State and Zip Cod	le
info	o@jcjunkanddumpsters.c	com	
_	E-mail address: (to be	used for future annual report	notification)
For further information co Jennifer Cahill	oncerning this matter, ple	ase call: _201248301	5
	D	at ()	
Name of C	ontact Person	Area Co	ode & Daytime Telephone Number
Enclosed is a check for th	e following amount made	e payable to the Florida Dep	eartment of State:
□ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	☐ \$43 75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amendi Division P.O. Bo	e Address ment Section n of Corporations ix 6327 ssee, FL 32314	Amend Division The C 2415	Address dment Section on of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 assee, F1. 32303

Articles of Amendment to Articles of Incorporation of

Campopiano Consulting Corp

(Name o	Corporation as currently	filed with the Florida Dept. of State)
P21000044147		
	(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this A	Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new na	me of the corporation;	
N/A		The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	[brp, "] "Inc," or "Co". A	ompany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address,	 if annlicable:	N/A
(Principal office address MUST BE A S		
C. Enter new mailing address, if appli (Mailing address <u>MAY BE A POST</u>		N/A
D. If amending the registered agent an	 d/or registered office add	ess in Florida, enter the name of the
new registered agent and/or the new		
Name of New Registered Agent	N/A	
itume 17 14 in heginered 1.gem		
	(Florida str	ant address)
	N/A	cer dan essy
New Registered Office Address:		. Florida
		(City) (Zip Code)
New Registered Agent's Signature, if c	hanaina Pagistarad Agant	
I hereby accept the appointment as regist	ered agent. Lam familiar v	vith and accept the obligations of the position.
	Signature of New R	egistered Agent, if changing
Check if applicable		
The amendment(s) is/are being filed n	ursuant to s. 607.0120.(11)	(e) FS

٠	,			
	and/or	Director		licer/director being removed and title, name, and
(Attach additional sheets,	if necess	ary)	-	
			irst letter of the office title:	
				R = Trustee: $C = Chairman or Clerk$; $CEO = Chief$
				e than one title, list the first letter of each office held.
President, Treasurer, Dire				the DCT and Mike longe is listed as the V. There is
				s the PST and Mike Jones is listed as the V. There is hese should be noted as John Doe, PT as a Change,
Mike Jones, V as Remove,				lese should be holed as some isbe, i i as a change,
Example:		,	67 40 411 771-11	
X Change	<u>PT</u>	John D	<u>oe</u>	
V D	M	Miles I		
X Remove	Y	Mike J	nies	
X Add	<u>\$V</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>	,	Name	<u>Addres</u> s
1) Change	P	i	Gaetano Campopiano	5080 N Ocean Dr
Add				20 C
X Remove				Singer Island, FL 33404
2) Change		_		

____ Add

____ Add

4) ____ Change

____ Add

5) ____ Change

____ Add

6) ____ Change

____ Add

_ Remove

____ Remove

____ Remove

Remove 3) Change

__ Remove

E. If amending or adding additional Ar (Attach additional sheets, if necessary).	ticles, enter change(s) here:
(Attach additional sheets, if necessary).	(Be specific)
N/A	
F. If an amendment provides for an ex	change, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
N/A	

	9/27/2022
The date of each amendment(s) adoptidate this document was signed.	on:, if other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block document's effective date on the Departs	does not meet the applicable statutory filing requirements, this date will not be listed as the nent of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) ent for approval.
☐ The amendment(s) was/were approve must be separately provided for each	by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the	ne amendment(s) was/were sufficient for approval
The President	
by	(voting group)
9/27/2022 David	
Dated	
Signature	
(By a director selected, by	president or other officer - if directors or officers have not been an incorporator - if in the hands of a receiver, trustee, or other court duciary by that fiduciary)
Jenn	ifer Cahill
	(Typed or printed name of person signing)
Pres	ident
	(Title of person signing)