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COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: ####################################
DOCUMENT NUMBER: P210000 44 938
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MARC MCG/OTHAN Name of Contact Person
Name of Contact Person
Firm/ Company 6120 SW 415+ C+ Address
Address DAVLE X FL 3 3 3 1 4 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MARC McGLOHAW at (21b) 338 0591 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

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HAULING ASS INC	
(Name of Corporation as currently	iled with the Florida Dept. of State)
12/0000 44	938
(Document Number of C	orporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Statutes, the statutes of the sta	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "con" Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A publication "professional association," or the abbreviation "P.A."	npany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Se 20
	17:00 S
C. Enter new mailing address, if applicable:	24
(Mailing address MAY BE A POST OFFICE BOX)	
	32
D. If amending the registered agent and/or registered office addre	es in Florida, onter the name of the
new registered agent and/or the new registered office address:	is in Clouda, engrene name of the
Name of New Registered Agent	
Name of New Registered Agent	
(Florida stree	t address)
New Registered Office Address:(C	ity) — , Florida Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accent the abligations of the position
1 hereby accept the appointment as registered agent. 1 am janutai we	m una accept me obliganous of the position.
Signature of New Rey	gistered Agent, if changing
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c)), 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.

X Change	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change	P MANNY FERRELL	6120 SW 41St (+ DAWE, FL 383)
Add Remove 2) Change	UP MARE McGLOTHAN	1-120 Sw 41 St C+ DAVIE, FL 3331
Add Remove Change Add		
Remove 4) Change Add	<u> </u>	
Remove 5) Change Add		
Remove 6) Change Add		
Remove		

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an amendment provid rovisions for impleme	es for an exenau	ige, reclassificat linent if not con-	tained in the am	endment itself:	401	
(if not applicable, in	dicate N/A)					
	- -					
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The date of each amendment(s) adoption:
Effective date if applicable:
Effective date <u>if applicable</u> : (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 the 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.
☐ 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
by
(voting group)
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)
MANNY FERRELL (Typed or printed name of person signing) EASTER ISLAND ILC REGISTERED AGENT