P22000043393

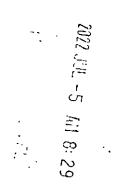
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C/ 197/2022

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Florida Pallets Recycle Corp						
DOCUMENT NUMBER: P22000042393						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
	Jose Luis Torres Cuevas					
	Name of Contact Person					
	Firm/ Company					
	149 Solis Dr					
	Address					
	Winter Haven, Florida 33880					
	City/ State and Zip Code					
	floridapalletsrecycle@gmail.com					
	E-mail address: (to be us	ed for future annual report	notification)			
For further information	on concerning this matter, pleas	se call:				
Jose Luis Torres Cue	vas	863				
Name of Contact Person		Area Co	de & Daytime Telephone Number			
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:			
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Division The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303			

Articles of Amendment to Articles of Incorporation of

Florida Pallets Recycle Corp

2022 July -5 LH 8: 29

(Name of Corporation as c	currently filed with the Florida Dept. of State)
P22000042393	
(Document Nu	umber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutits Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpora	tion:
N/A	The new
	tion," "company," or "incorporated" or the abbreviation "Corp" "Co". A professional corporation name must contain the word "P.A."
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered offi	ice address in Florida, enter the name of the
new registered agent and/or the new registered office	
Name of New Registered Agent	
(Fl	lorida street address)
N/A	PI - 14
New Registered Office Address:	(City) (Zip Code)
	•
New Registered Agent's Signature, if changing Registered	
I hereby accept the appointment as registered agent. I am fa	uniliar with and accept the obligations of the position.
Signature of	f 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)

Example:

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	$\underline{\mathbf{v}}$	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	VP	David Allen Griffis	407 Woodland Ave Lot# 26
Add			Lakeland, FI 33801
Remove 2) Change	<u>S</u>	Doris Ramos Bilbraut	149 Solis Dr
Add			Winter Haven, Fl 33880
X Remove 3) Change	VP	Doris Ramos Bilbraut	149 Solis Dr
X Add			Winter Haven, Fl 33880
Remove 4) Change			
Add			
Remove			
5) Change		-	···
Add			
Remove			
6) Change		-	
Add			
Remove			

	mending or adding additional Articles, enter change(s) here:
•	ach additional sheets, if necessary). (Be specific)
N/A	
F Ifac	n amendment provides for an exchange, reclassification, or cancellation of issued shares,
pro	ovisions for implementing the amendment if not contained in the amendment itself:
	(if not applicable, indicate N/A)
N/A	

The date of the boundary of	N/A	
The date of each amendment(s) a date this document was signed.	idoption:	, if other than the
N/A		
Effective date if applicable:		
	(no more than 90 days after amendment fil	e date)
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requiepartment of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ac action was not required.	opted by the incorporators, or board of directors without	shareholder action and shareholder
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes east for ufficient for approval.	the amendment(s)
	proved by the shareholders through voting groups. The far each voting group entitled to vote separately on the ame	
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by N/A		
.,, <u></u>	(voting group)	
6/28/2022 Dated		
Signatura	4 / 2	
UBy a conscious selection	irector, president or other officer – if directors or officers d, by an incorporator – if in the hands of a receiver, trust ted fiduciary by that fiduciary)	
	Jose Luis Cuevas Torres	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	