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COVER LETTER

TO: Amendment Sec Division of Corp	orations				
NAME OF CORPO	RATION: NEXT LEVEL DU	JMPSTERS INC			
	BER: P24000016899	·	<u>.</u>		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	Denise Opachich				
		Name of Contact Person	n		
	NEXT LEVEL DUMPSTER	S INC			
		Firm/ Company			
	775 S. KIRKMAN ROAD #117				
		Address			
	ORLANDO FL 32811				
		City/ State and Zip Cod	e		
	denise@nextlevelroofs.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	on concerning this matter, pleas	se call:			
Denise Opachich		at (237-7960		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment 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)		
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amenc Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

NEXT LEVEL DUMPSTERS INC.

(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P24000016899	in the Final Dept. of Charles
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this Articles of Incorporation:	s Florida 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," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A 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>)	
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 adnew registered agent and/or the new registered office address	
	551:
Name of New Registered Agent	
(Florida e	street address)
New Registered Office Address:	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familian	
Cionaria de Mana	Registered Agent, if changing
	Registerea Agent, y 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 Doe	
X Remove	<u>v</u>	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	LAURA BOVICH	775 S KIRKMAN RD #117
X Add			ORLANDO FL 32811
Remove			·
2) Change			·
Add			
Remove 3) Change	_		
Add			
Remove			
4) Change	_		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
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f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
<u>provisions for implementing the ame</u>	endment if not contained in the amendment itself:
(if not applicable indicate M/A)	
(if not applicable, indicate N/A)	

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. .

The date of each amendment(s	s) adoption:	<u> </u>	, if other than the
date this document was signed.	25/01/2021		
Effective date if applicable:	05/01/2024		
	(no more tha	un 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the		oplicable statutory filing requirements, this date will	l not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were action was not required.	adopted by the incorporators,	or board of directors without shareholder action and	l shareholder
☐ The amendment(s) was/were by the shareholders was/were		The number of votes cast for the amendment(s)	
		sthrough voting groups. The following statement d to vote separately on the amendment(s):	
"The number of votes of	ast for the amendment(s) was	s/were sufficient for approval	
by		, .	
·	(voting group)		
05/02/2 Dated	024		
Signature⊀	Greaze Covid		
(By sele	a director, president or other of	officer – if directors or officers have not been n the hands of a receiver, trustee, or other court	
••		•	
	(Typed or prin	ted name of person signing)	
•	GREGORY BOVICH	President	
	(Title of person	n signing)	