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| Certified Copies | _ Certificates | of Status |
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| Special Instructions to | Filina Officer: | |
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TO ACKHOWLEDGE SUFFICIENCY OF FILING RECEIVED OF SAME OF SA

IS FEB 10 PM 2: 13

(1Rm) 2-10-15

11/21/1

COVER LETTER

| TO: Amendment Section Division of Corporations | | 3 | 5 F |
|--|-------------------------------------|--|--|
| NAME OF CORPORATION: North FI | orida Shredding, In | ıc. | 田 |
| DOCUMENT NUMBER: P96000069 | 9446 | | 0 17 |
| The enclosed Articles of Amendment and fee a | are submitted for filing. | | 10 PH 2: 13 |
| Please return all correspondence concerning th | is matter to the following: | | 到5000000000000000000000000000000000000 |
| Tom Bartlett | | | |
| | Name of Contact Person | n | |
| La Salida, Inc | | | |
| | Firm/ Company | | _ |
| 1836 Lakesho | re Lane | | |
| | Address | | _ |
| Tallahassee, I | Florida 32312 | | |
| | City/ State and Zip Cod | e | _ |
| U-54040 | • | | |
| tb5134@yahoo.co | om be used for future annual report | notification) | |
| E-man address. (to | be used for future aimidal report | nonnearion | |
| For further information concerning this matter, | please call: | | |
| Kyle L. Kemper | at (850 | , 877-6555 | |
| Name of Contact Person | Area Co | de & Daytime Telephone Numb | er |
| Enclosed is a check for the following amount r | nade payable to the Florida Depa | artment of State: | |
| □ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Sta | _ | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | 9 i |
| Mailing Address | | Street Address | |
| Amendment Section | | lment Section | |
| Division of Corporations | | Division of Corporations | |
| P.O. Box 6327 Tallahassee, FL 32314 | | Building Executive Center Circle | |

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

FILED

| North Florida S | redding, Inc |
|-----------------|--------------|
|-----------------|--------------|

15 FEB 10 PM 2: 13

(Name of Corporation as currently filed with the Florida Dept. of State) SEUNCHARY OF STATE TALL AHASSIE, FLORIDA

ent(s) to

| TALLAHASSI'E, FLO | |
|---|--|
| fknown) | |
| Florida Profit Corporation adopts the following amend | |
| | |
| The r | |
| n." "company," or "incorporated" or the abbreviat Co". A professional corporation name must contain P.A." | |
| 1836 Lakeshore Lane | |
| Tallahassee, FL 32312 | |
| | |
| 1836 Lakeshore Lane | |
| Tallahassee, FL 32312 | |
| ess in Florida, enter the name of the | |
| Lane | |
| pet address) | |
| , Florida 32312 (Zip Code) | |
| (Zip Code) | |
| eith and accept the obligations of the position. | |
| | |

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: | DT In | ohn Doe | |
|-------------------------------|---------------------|-------------|--|
| X Change | | still Doe | |
| X Remove | <u>V</u> <u>M</u> | like Jones | |
| X Add | <u>SV</u> <u>Sa</u> | ally Smith | |
| Type of Action (Check One) | <u>Title</u> | Name | Address |
| 1) Change | PTD | | 1836 Lakeshore Lane |
| Add Remove | | | Tallahassee, FL 32312 |
| 2) X Change | SD | | 1836 Lakeshore Lane Tallahassee, FL 32312 |
| Remove | | | |
| 3) Change | | | |
| Add Remove | | | |
| 4) Change | | | |
| AddRemove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change Add | | | |
| Remove | | | |

| | 1.10-20-21-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1 |
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| | |
| an amendment provides for an exchange rovisions for implementing the amendment | e, reclassification, or cancellation of issued shares, ent if not contained in the amendment itself: |
| (if not applicable, indicate N/A) | - |
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| The date of each amendment(s) adoption: February 9, 2015 | , if other than the |
|--|---------------------|
| date this document was signed. | |
| Effective date if applicable: February 10, 2015 | |
| (no more than 90 days after amendment file date) | _ |
| Adoption of Amendment(s) (CHECK ONE) | |
| 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) | |
| The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. | |
| The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. | |
| Dated_February 9, 2015 | |
| 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) | |
| Tom Bartlett Im Butt | |
| (Typed or printed name of person signing) | |
| President | |
| (Title of person signing) | |