P99000020811

		
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	METAL RE	CYCLERS, INC.				
DOCUMENT NUMBER:	P99000020811					
The enclosed Articles of Amendme	ent and fee are sul	bmitted for filing.				
Please return all correspondence co	ncerning this mat	tter to the following:				
		Peter D. Madison				
		Name of Contact Persor	1			
		METAL RECYCLERS, I	NC.			
		Firm/ Company				
		6545 Cay Circle				
		Address	<u> </u>			
		Belle Isle, FL 32809				
		City/ State and Zip Code	2			
		madisonproperty@bellso	outh.net			
E-mail:	address: (to be us	ed for future annual report	notification)			
For further information concerning Peter Madison	this matter, pleas	407	908-4548			
Name of Contact Pe	rson	at (40) Area Co	de & Daytime Telephone Number			
Enclosed is a check for the following	ng amount made j	payable to the Florida Depa	artinent of State:			
	75 Filing Fee & accept of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Sect			Address Iment Section			
Amendment Section Division of Corporations		Divisio	on of Corporations			
P.O. Box 6327			entre of Tallahassee			
Tallahassee, FL 32314		2415 1	N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

METAL RECYCLERS, INC.

[41]	ETAL RECTCEERS, INC.
(Name of Corporatio	on as currently filed with the Florida Dept. of State)
	P9900002081 I
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the col	rporation:
	The new
	orporation," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word viation "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADD.</u>	RESS)
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>	<u></u>
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	. Florida
New Registered Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Regi	istered Agent: I am familiar with and accept the obligations of the position.
т неголу иссері іне арронитені ал геділегей аделі. Т	am juminar with and accept the obligations of the position.
Signa	ture of New Registered Agent, if changing
Chack 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.

Example:	DVP		
X Change	bl	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) X Change	Р	Peter Madison	10694 Cosmonaut Blvd
Add			Orlando, FL 32824
Remove			
2) Change	V	Wade Hamlin	4401 Sugartree Dr., W
X Add			Lakeland, FL 33813
Remove 3) Change	V	Derrick Kelley	PO Box 1034
X Add			Auburndale, FL 33823-1034
Remove			
4) Change	V	Тепу Јонпѕоп	355 Lake Pansy Dr
X Add			Winter Haven, FL 33881
Remove			
5) Change	V	Phil Riffel	6121 Abbey Oaks Way
X Add			Lakeland, FL 33811
Remove			
6) Change			
Add			<u></u>
Remove			

ttach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
<u> </u>	
<u> </u>	
an amendment provides for an excl	change, reclassification, or cancellation of issued shares, sendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	endment if not contained in the amendment user:
(5,4, 4,	

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	February 8, 2021	70 A
The date of each amendment(s) a date this document was signed.	1aoption:	, if other than the
Effective date if applicable:		
	(no more than 90 days af	er amendment file date)
Note: If the date inserted in this document's effective date on the E		utory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were ac action was not required.	lopted by the incorporators, or board of o	lirectors without shareholder action and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number sufficient for approval.	of votes cast for the amendment(s)
	proved by the shareholders through voti r each voting group entitled to vote sepa	
"The number of votes cas	t for the amendment(s) was/were sufficient	ent for approval
by		
	(voting group)	
Dated	17/21	
Signature	//	
select	director, president or other officer – if di ed, by an incorporator – if in the hands o nted fiduciary by that fiduciary)	
	Peter D. Madison	
	(Typed or printed name of p	person signing)
	President	

(Title of person signing)