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COVER LETTER

TO: Amendment Section
Division of Corporations

Division of Corporation	s			
NAME OF CORPORATIO	INTER CITY DIS	SPOSAL, CORP.		
DOCUMENT NUMBER: _	P99000086137			
The enclosed Articles of Amo	endment and fee are so	abmitted for filing.		
Please return all corresponde	nce concerning this ma	atter to the following:		
		ROSA BARBON		
		Name of Contact P	Person	
	IN.	TER CITY DISPOSAI	L, CORP.	
		Firm/ Compan	у	
		3355 NW 41 STRE	ЕТ	
		Address		
		MIAMI, FLORIDA	33142	
		City/ State and Zip	Code	
		ROSIE@STDBULK	COM	
E	-mail address: (to be u	sed for future annual re	eport notification)	
For further information conce	rning this matter, plea	se call:		
ROSA BARBON		305 at (637-5567- Ext 8006	
Name of Cont	act Person	Are	a Code & Daytime Telephone Number	
Enclosed is a check for the fo	llowing amount made	payable to the Florida	Department of State:	
	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certificate of Status	
<u>Mailing Ad</u> Amendmen			reet Address	
	Corporations	Amendment Section Division of Corporations		
P.O. Box 63	327	The Centre of Tallahassee		
Tallahassee	, FL 32314		15 N. Monroe Street, Suite 810 Ilahassee, FL 32303	

Articles of Amendment to Articles of Incorporation of

(Name	of Corporation as currently	filed with the Florida De	ept. of State)	
INTER	CITY DISPOSAL, INC.			
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607. ts Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation	adopts the following amendme	ent(s
A. If amending name, enter the new na	ame of the corporation:			
N/A			mt.	
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	"orp," "Inc," or "Co". A	ompany," or "incorporated professional corporation	The new I" or the abbreviation "Corp.," name must contain the word	• •
B. Enter new principal office address, Principal office address <u>MUST BE A S</u>			·-	
C. Enter new mailing address, if appli (Mailing address MAY BE A POST of				
If amending the registered agent an new registered agent and/or the new	d/or registered office address	ess in Florida, enter the n	ame of the	
-	N/A			
Name of New Registered Agent				
	(Florida stree	et address)		
New Registered Office Address:			. Florida	
	(6	City)	(Zip Code)	
ew Registered Agent's Signature, if cl	nanging Registered Agent:			
hereby accept the appointment as registe	ered agent. I am familiar wi	th and accept the obligation	ns of the position.	
	Signature of New Reg	gistered Agent, if changing		
Check if applicable		. 20		

☐ 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>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	V P	LUIS MIJARES	3355 NW 41 STREET
X Add			MIAMI, FLORIDA 33142
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		-	
Add			
Remove			

an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) A		rticles, enter change(s) he). (Be specific)			
an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	N/A				
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)					
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(if not applicable, indicate N/A)	provisions for implementing the	mange, reclassification, o	r cancellation of issued	i shares.	
		enument il not contained	i in the amendment itse	el <u>i:</u>	
A	(if not applicable indicate M(4)				
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The date of each amendment(s) addate this document was signed.	loption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing requirements, the partment of State's records.	nis date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareholde	r action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendation of the special for approval.	ment(s)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following st each voting group entitled to vote separately on the amendment(s).	atement :
"The number of votes cast:	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
OCTOB Dated	ER 27, 2020	
Signature		
se je c je d	ector, president or other officer – if directors or officers have not be, by an incorporator – if in the hands of a receiver, trustee, or other and fiduciary by that fiduciary)	ocen court
	RAMON MIJARES	
-	(Typed or printed name of person signing)	
	PRESIDENT	
-	(Title of person signing)	