Office Use Only



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07/19/12--01024--014 **\$2.50

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATIO	N: MEM En	vironmental 5	ervices of Floridi, Inc			
DOCUMENT NUMBER: _	P990001038					
The enclosed Articles of Ame	endment and fee are su	bmitted for filing.				
Please return all corresponder	nce concerning this ma	tter to the following:				
	Michael	Tacobacci Name of Contact Person	1			
• • • •		,	ces of Florida, Inc.			
3703 Palomino Rd						
	Melbour	Address				
		City/ State and Zip Cod	e			
E	odmine mmtes	tandralance, com led for future annual report	notification)			
For further information conce						
Michael Iac		at (<u>371</u>	751-0123			
Name of Cont	act Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for the fo	llowing 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)			

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address
Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

•	Articles of Amo	endment		from y
	to Articles of Incor of	poration	2812	JUL 19 MM &
MÉM Environmen	ital Services al	F Florida, Inc.	Wife Cay	19 M.
(Name of Corporation as of	currently filed with the Flo	rida Dept. of State)	· **	1882 O
P990001033	7 29			FIRE
(Document	Number of Corporation (if I	(nown)		- 18/0,
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this <i>Fl</i>	orida Profit Corporation a	dopts the following	g amendment(s) to
A. If amending name, enter the new name	ne of the corporation:			
Mem Test and Bulance	of Florida Tw			The new
name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association	in the word "corporation, tion "Corp," "Inc," or "Co	" "company," or "incorp o". A professional corpor	oorated" or the a ration name must	bbreviation
B. Enter new principal office address, if	applicable:			_
(Principal office address MUST BE A ST.		AILA		
		- 10 / H		-
				_
C. Enter new mailing address, if applications	ahle:			
(Mailing address MAY BE A POST O				_
		N/A		
				_
				_
D. If amending the registered agent and	/or registered office addre	ss in Florida, enter the na	me of the	
new registered agent and/or the new				
Name of New Registered Agent	N/A			
Name of New Regimeres Ingen			_	
-	(Florida stree	t address)	_	
	(1 tortua stree	i daar cooy		
New Registered Office Address:	(City)	, Florida	a(Zip Code)	_
	(City)		(Lip Cone)	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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 <math>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	<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>	Address
1) Change	\		
Add			
Remove	`		
2) Change		_	
Add		NA	
Remove		,,	
3) Change			
Add			
Remove			
4) Change			<u> </u>
Add			\
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or add	ng additional Artic	les, enter change	(s) here:		
If amending or add (Attach additional sh	ets, if necessary).	(Be specific)			
					
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If an amendment p	ovides for an excha	inge, reclassifica	tion, or cancellatio	n of issued shares,	
provisions for imp	ementing the amen le, indicate N/A)	dment if not con	tained in the amer	idment itself:	
(y not approac	\				
			 		
				a	
			-A		
		\	\checkmark		
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The date of each amendment(s) adoption: July 16, 2012
Effective date if applicable: (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 J-44 16, 2012
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)
Michael JAcobacci
(Typed or printed name of person signing)
President
(Title of person signing)