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OCT - 5 2011

**EXAMINER** 



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## **COVER LETTER**

Registration Section

TO:

Division of Cor	porations					
SUBJECT:	Florida Plas	tics Recycling, LLC				
	Name of Limi	ted Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	•			
Please return all correspo	ondence concerning this matter	to the following:				
	Morgan W Streetman					
		Name of Person				
	Streetman Law					
		Firm/Company				
	1906 N Tampa St					
		Address				
	Ta	ampa, FL 33602-2133				
		City/State and Zip Code	<del></del>			
	Morg	an@StreetmanLaw.com				
	E-mail address: (t	o be used for future annual report no	tification)			
For further information co	oncerning this matter, please c	all:	ent proje			
Morga	n W Streetman	at (_813_)	227-8689			
Name of Person		Area Code & Dayt	ime Telephone Number			
Enclosed is a check for th	e following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Registra Division P.O. Bo	NG ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COUI Registration Sec Division of Corp Clifton Building 2661 Executive of Tallahassee, FL	orations Center Circle			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLORIDA (Name of the Limited	PLASTICS	S RECYCLING	i, LLC	
(Name of the Limited (A	Florida Limited I	Liability Company)	on our records.)	
The Articles of Organization for this Limited Lie		were filed on	7-15-2010	and assigned
Florida document number L10000074	<u>.727                                   </u>			
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liab	oility company here	:	
CERTIFIE	D RECYCLIN	IG MATERIALS,	LLC	
The new name must be distinguishable and end with "L.L.C."	the words "Lim	ited Liability Compan	y," the designation "l	LLC" or the abbreviation
Enter new principal offices address, if applica	ble:	n/a	<u>.</u>	
(Principal office address MUST BE A STREET ADDRESS)		<del></del>		Au.
				<u> </u>
				ASSA
Enter new mailing address, if applicable:		n/a		
(Mailing address MAY BE A POST OFFICE BOX)				
B 50 11 11 11 11 11 11			<u>.</u>	Du Co
B. If amending the registered agent and/or registered agent and/or the new registered off			ir records, <u>enter 1</u>	the name of the new
		<u>-</u> -		
Name of New Registered Agent:	n/a			
New Registered Office Address:				
		Ente	r Florida street ada	lress
			, Florida	
		City	<u> </u>	Zip Code

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
n/a	n/a	n/a	Add Remove
	<del>.</del>		Pamara
	<u>.</u>		
			Add Remove
			一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一
D. Ifan	nla	enter change(s) here: (Attach additional sh	eets, if necessary.)
Dated _	28 September		
	_	of aniember or authorized representative of a n Streetman, authorized representative Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00