

L19000181351

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

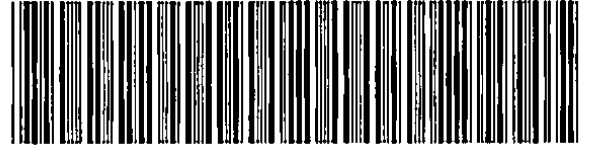
(Business Entity Name)

(Document Number)

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CLERK OF SUPERIOR COURT
STATE OF MICHIGAN
LANSING, MICHIGAN

500356523665

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: BECYCLE LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maria Otero
Name of Person

Globally Consulting LLC
Firm/Company

3105 nw 107 ave suite 500
Address

Doral, Fl 33172
City/State and Zip Code

motero@globallyusa.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL
STATE

For further information concerning this matter, please call:

Maria Otero at (786) 295-0906
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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)

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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

RECYCLE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/15/2019 and assigned Florida document number L19000181351.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NEWCOM INVESTMENT GROUP LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

3105 NW 107 Ave Suite 500

(Principal office address MUST BE A STREET ADDRESS)

Doral, FL 33172

Enter new mailing address, if applicable:

3105 NW 107 Ave Suite 500

(Mailing address MAY BE A POST OFFICE BOX)

Doral, FL 33172

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CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF DADE
FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, **Florida**

City

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	PEREZ SAN VICENTE, RAFAEL	2422 Liberty Street	<input type="checkbox"/> Add
		Hollywood, FL 33020	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MEZZARAPA, ALEJANDRO A	2422 Liberty St	<input type="checkbox"/> Add
		Hollywood, FL 33020	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARIELA VALETTE	1601 NE 191 Street Apt 102	<input checked="" type="checkbox"/> Add
		North Miami, FL 33179	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	EUGENIO MANUEL JIMENEZ	1601 NE 191 Street Apt 301	<input checked="" type="checkbox"/> Add
		North Miami, FL 33179	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2010 DEC 18 PM 2:38
 STATE
 FL

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated NOVEMBER 13, 2020

Signature of a member or authorized representative of a member

MARIA OTERO --MANAGER

Typed or printed name of signee