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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

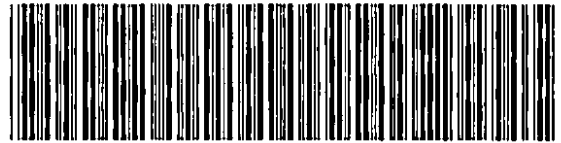
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2019 MAR -6 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FL

N/C
03/13/19
DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 19, 2019

GERALD R. BURNS, JR.
CROWN SHREDDING, L.C.
P O BOX 971
WINTER HAVEN, FL 33882

SUBJECT: CROWN SHREDDING, L.C.
Ref. Number: L03000025128

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 919A00003527

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TALLAHASSEE FL

CROWN

INFORMATION MANAGEMENT

(800) 979-9545 (Toll Free)
(863) 294-3801 (Fax)

crowninformationmanagement.com

P.O. Box 971
Winter Haven, FL 33882

Call: 863-557-6097

I am Gerald R. Burns Jr. owner
of Crown Shredding, LLC. For some
reason my name is listed as Crown Shredding, L.C.
I need to change the L.C. to LLC

Thanks



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

Crown Shredding, L.C.
(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 7/3/03 and assigned Florida document number 40300025.128

This amendment is submitted to amend the following:

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

Crown Shredding, 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: NA

(Principal office address **MUST BE A STREET ADDRESS**)

Enter new mailing address, if applicable: NA

(Mailing address **MAY BE A POST OFFICE BOX**)

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SEC. OF STATE
TALLAHASSEE, FL

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:

NA
Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City _____ Florida _____ 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.

Just Changing Name
from: Crown Shredding, L.C.
to

Crown Shredding, LLC

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Change

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(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)

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.

3/1/9

[Handwritten signature]

Gerald R. Burns Jr