# LOCOSSISS

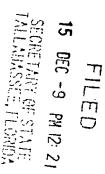
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S. YOUNG

## COVER LETTER.

TO: Regi Divi	istration Sect sion of Corpo	ion Orations				
	WOOD RESC	OURCE RECOVERY, L.L.C				
SUBJECT:		Name of Limi	ited Liability Company	· · · · · · · · · · · · · · · · · · ·		
The enclosed	Articles of A	mendment and fee(s) are sub-	mitted for filing.			
Please return	all correspond	dence concerning this matter	to the following:			
		BILL GASTON				
			Name of Person	1		
		WOOD RESOURCE REC	OVERY, L.L.C.			
			Firm/Company			
		6241 N.W. 23RD STREET	, SUITE 501			
			Address			
		GAINESVILLE, FL 32653	3		7./S <b>→</b>	
		BILL@GASTONTDR.COM	City/State and Zip Code  M		5 DEC	
		E-mail address: (0	to be used for future annual report notif	ication)		
For further in	formation con	cerning this matter, please ca	all:		-9 P	FILED
BILL GASTO	ON		352 258-8417 at ()		PM 12: STA FLOR	
	Name of P	Person	Area Code Daytime	: Telephone Number		
Enclosed is a	check for the	following amount:				
■ \$25.00 Fi	lling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

MAILING ADDRESS:

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

#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WOOD RESOURCE RECOVERY		
(Name of the Lim	ited Liability Company as it now app (A Florida Limited Liability Compan	ears on our records.) y)
he Articles of Organization for this Limited I	Liability Company were filed on	05/26/2006 and assigned
lorida document number L06000055753	,	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company	here:
The new name must be distinguishable and contain the	words "Limited Liability Company," tl	ne designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	7 SF <b>5</b>
Principal office address MUST BE A STRE	ET ADDRESS)	CRETANIA N
Enter new mailing address, if applicable:		9 R D
Mailing address MAY BE A POST OFFICE	<u></u>	
B. If amending the registered agent and registered agent and/or the new registered of	• ,	on our records, enter the name of the
Name of New Registered Agent:	BILL GASTON	
New Registered Office Address:	6241 N.W. 23RD STREET, S	UITE 501
	Enter	Florida street address
	GAINESVILLE	, Florida <sup>32653</sup>
	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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
		<del></del>	☐ Change
			Add
			□ Remove
			TS GChange
			SECRETARY OF STATE  LAHASSEE, TLORIDA
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			Littlemove Signature
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			☐ Change

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	## ## ## ## ## ## ## ## ## ## ## ## ##
ective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date of the:  If the date inserted in this block does not meet the applicable statument's effective date on the Department of State's records.	f filing or more than 90 days after filing.) Pursuant to 60
record specifies a delayed effective date, but not an effice 90th day after the record is filed.	fective time, at 12:01 a.m. on the earli
ed DECEMBER 4 , 2015 .	
	_
Signature of a member or authorized rep	presentative of a member

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Filing Fee: \$25.00