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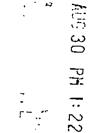
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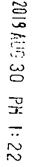
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R. WHITE SER 03 2019

COVER LETTER

Divisio	on of Corp	orations			
		ree Recovery, L.L.C.			
SOBSECT		Name of Limi	ted Liability Company		
The enclosed A	rticles of A	mendment and fee(s) are subr	nitted for tiling.		
Please return all	l correspon	dence concerning this matter t	to the following:		
		Patrice Boyes, Esq.			
			Name of Person		
		Patrice Boyes, P.A.			
			Firm/Company		
•		5700 SW 34th Street, Suite	: 1120		
			Address		
		Gainesville, Florida 32608			
			City/State and Zip Code		
•		bill@gastontdr.com			
		E-mail address: (t	o be used for future annual re	eport notification)	
For further info	rmation co	ncerning this matter, please ca	all:		
Patrice Boyes,	Esq.		352 372	2-2684	
	Name of	Person	Area Code	Daytime Telepho	one Number
Enclosed is a ch	havels five tha	following amount:			
		-	Desenorita de e		670 00 PH== P
■ \$25.00 Filir	ng 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:

TO:

Registration Section

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, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

2019 AUG 30 PH 1:22

WOOD RESOURCE RECOVERY, L.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 May 26, 2006 and assigned Florida document number $\frac{1.06000055753}{}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: GASTON TREE DEBRIS RECYCLING, L.L.C. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 4190 NW 93rd Avenue Enter new principal offices address, if applicable: Gainesville, Florida 32653 (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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>	Address	Type of Action
			Remove
			Change
			Remove
·			Change
			□ Remove
			Change
			Remove
			Change
		<u> </u>	
			Remove
			Change
		<u>-</u>	Remove
			Change

ffective date, if other than the date of filing:						<u> </u>
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Patrice Poyes, Esa. Typed or printed name of signee			•			

Page 3 of 3

Filing Fee: \$25.00