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T. HAMPTON

FEB 1 6 2010

EXAMINER

## **COVER LETTER**

TQ:	Registration Section Division of Corporations
SUBJI	ECT: WRIGHT NOW MOTHE RECYCLING LLC Name of Limited Liability Company
The en	aclosed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	ANTHONY Name of Person
	WRIGHT NOW CONSULTING SERVICES LLC Firm/Company
	358 MONTECLUNA DR. Address
	N. Vowice FL 34275  City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
	Anthony Noweski at (941) 224-7/29  Name of Person Area Code & Daytime Telephone Number
Enclos	sed is a check for the following amount:
<b>\$2</b> :	5.00 Filing Fee \$\ \times S30.00 Filing Fee &

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**

WRICHT NOW MOTHE (Name of the Limited Liability Compa	RECYCLING	666		
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears o Liability Company)	n our records.)		
The Articles of Organization for this Limited Liability Company	were filed on	2-25-2007	and assig	gned
Florida document number <u>60700097509</u> .				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and end with the words "Lim	Pervices LO	<u> </u>		
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company	" the designation "LL	C" or the ab	breviation
Enter new principal offices address, if applicable:	N	4	A	S S
(Principal office address MUST BE A STREET ADDRESS)			0 =	SCS OSC
	<del></del>		8	<u> </u>
			വ	
Enter new mailing address, if applicable:	NI	7		- <del> </del>
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>		. ســــــــــــــــــــــــــــــــــــ	22
			<u>ය</u> ා,	<u>5</u> m
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address here.	<u>re</u> :	records, <u>enter th</u>	e name of	the new
Name of New Registered Agent:	~/a		<del></del>	
New Registered Office Address:				
	Florida street addre	?SS		
		, Florida	Zip Code	
	City		Zip Code	
New Registered Agent's Signature, if changing Registered Agent	<u>.</u>			

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member Type of Action <u>Address</u> <u>Title</u> <u>Name</u> \_\_\_ Add Remove ☐ Add Remove \_\_\_ Add \_\_ Remove \_\_\_Add \_\_\_\_ Remove \_\_Add \_\_Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated\_ Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00