orida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Corporate Filing Menu

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LAZARUS

WORLD HOME CARE

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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TI FEB 25 AM 10: 51

ALLAMASSIE FLORINA

ENTERPRISE R	ECYCLING, LLC
(Name of the Limited Liability Compan (A Plonda Limited Li	y as it now appears an our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Plorida document number <u>L07-000/0530</u> /	10//6/07
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and and with the words "Limite "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS.	
Enter new mailing address, if applicable: (Moiling address MAY BE A POST OFFICE BOX)	
B. If amanding the registered agent and/or registered office registered office and/or the new registered office and/ress hore:	ce address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
And the second s	City Zin 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 stastites 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 Regimered Agent, Signature of New Registered Agent

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MGR = Manager

3052201440 3054719767 LAZARUS

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If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager, or Managing Member being added or removed from our records:

MCRM = Managing Member Type of Action Name Add Remove Add Remove ∏ Add Remove Remove Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated . Signature of a member of authorized representative of a member

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Filing Fee: \$25.00