# L08000079183

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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AUG 27 2010

**EXAMINER** 



### FLORIDA DEPARTMENT OF STATE Division of Corporations

July 23, 2010

CHARMAINE ARIAS EPLANET EWASTE, LLC 4775 NW 157TH STREET SUITE 7 MIAMI GARDENS, FL 33014

SUBJECT: EPLANETEWASTE, LLC.

Ref. Number: L08000079183

We have received your document for EPLANETEWASTE, LLC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form ...

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 910A00017851

# **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Plante Waste, LLC. Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Charmain Arias Name of Person  Plandewalte Firm/Company  4775 N.W. 157 Str # 7  Address  Hiami Gardus F1 33014  City/State and Zip Code	FILED WILLION SECRETARISEE, FLORIDA
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Charmoure Arias  at (305) 430 - 9098  Name of Person  Area Code & Daytime Telephone Number	<u> </u>
(additional copy is enclosed) Certified (	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

eflanetewaste,	LLC	
( <u>Name of the Limited Liability Cóm</u> (A Florida Limite	npany as it now appears on o ed Liability Company)	our records.)
The Articles of Organization for this Limited Liability Compa	any were filed on Augus	and assigned
Florida document number <u>L0800079183</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
Etronicus; u.c The new name must be distinguishable and end with the words "L		
The new name must be distinguishable and end with the words "L "L.L.C."	imited Liability Company," t	he designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		TS 6
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	——————————————————————————————————————
		28 78
Enter new mailing address, if applicable:		E D
(Mailing address MAY BE A POST OFFICE BOX)		95
ſ		Su o
	l office address on our m	acceds antar the name of the new
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ecorus, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Fi	lorida street address
i		, Florida
	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 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Title** <u>Name</u> **Address Type of Action** MGRY Cuona Hoa ☐ Add Kemove ∏ 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.) 5 Dated\_ Signature of a member or authorized representative of a member Xian Zhan Tan Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00