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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	: #)
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K.SALY EXAMINER NOV 2 6 2013

COVER LETTER

TO: Registration Section Division of Corpo			
SUBJECT: A	Name of Limited	Service LL Hability Company	<u> </u>
The enclosed Articles of Ar	mendment and fee(s) are subm	aited for filing.	
Please return all correspond	ence concerning this matter to	the following:	
		Name of Person	
	<u> </u>	Firm/Company	
	2555 Dal	obs Rd.	
	St Augustin	Address 2. FL. 3086 City/State and Zip Code and Cecyclick Code cused for future annual report notification	
	E-mail address: (to l	@ an recycling co	n)
For further information con	cerning this matter, please call		
JAW. Ne (Name of P	eslanc	at (904) 540 - 0 Area Code & Daytime Teli	Phone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing 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: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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(Name of the Limited Liability Compa (A Florida Limited I	ervice, LC	
(A Florida Limited L	Liability Company)	ecorus.
The Articles of Organization for this Limited Liability Company Florida document number	y were filed on 9/18/	2009 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial Advanced Recycling The new name must be distinguishable and end with the words "Lift" "L.L.C."		esignation '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: (Mailing address MAY BE A POST OFFICE BOX)	1705 East St. Angusti	SYZ 206 ne, FC 32086
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Futau Flauid	a street address
	Emer Florid	a su sei aaaless
	City,	Florida 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. Ifurther 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>

<u>itle</u>	Name	<u>Address</u>	Type of Action
			Add
			Remove
		amademic and an analysis of the second secon	
			Add
			Remove
			Add
			Remove
			Add
			Remove
		-	Add
			Remove
	<u></u>		Add
			Remove

). If an	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated	11/19, do13.
	he la
	Signature of a member of authorized representative of a member
	Janine LeBlanc Typed or printed name of signee
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00