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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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B. KOHR

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EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 5, 2010

CAPITAL CONNECTION

TALLAHASSEE, FL

SUBJECT: DOLPHIN RECYCLING & SCRAP METAL LLC

Ref. Number: L10000005697

NECEIVED

10 MAY 10 PH 3: 59

DIVISION OF CORPORATIONS
TALLAND SERFORATIONS

We have received your document for DOLPHIN RECYCLING & SCRAP METAL LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$25.00 payment.

The name you are requesting is unavailable, since it has been previously requested by another individual and the document was returned to the individual for corrections and has not yet been resubmitted.

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) 245-6914.

Buck Kohr Regulatory Specialist II

Letter Number: 710A00011242

CAPITAL CONNECTION, INC.417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DOLPHIN RECYCLING AND SCRAP METAL LLC

(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 Liabil	lity Company were filed on	and assigned
Florida document number L1000000569	7 .	•
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	limited liability company here:	
	EN METAL RECYCLING LLC	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable		
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or re registered agent and/or the new registered office a	egistered office address on our r address here:	ecords, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Fl	orida street address
·		, 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

<u>itle</u>	<u>Name</u>	<u>Address</u>	Type of Act
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Filing Fee: \$25.00