L10000016759

(Re	questor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
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TO:	Registration So Division of Cor			
emb iii		ECYCLING, LLC		
SUBJEC	UI:	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub		
		LUIS R. CALDERON		
			Name of Person	
		BELAIR ACCOUNTING	SERVICES, INC.	
		· · · · · ·	Firm/Company	
		1627 E. VINE STREET, S	STE 110	
			Address	
		KISSIMMEE, FL 34744		75. 21
		ADLUSH@AOL.COM	City/State and Zip Code	2017 JUL 14 2017 JUL 14 cation)
For furth	ner information c	E-mail address: (concerning this matter, please c	to be used for future annual report notifiall:	cation) J. III P.
LUIS R	. CALDERON		407 944-9262	3: W
	Name o	of Person	at () Area Code Daytime	Telephone Number
		he following amount:	Descoor Programme	
4 3 23.	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)
	Registi	ING ADDRESS: ration Section on of Corporations	STREET/COURIE Registration Section Division of Corpora	ı

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building
2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

K.M.G. RECYCLING, LLC					
(Name of the Lim	ited Liability Compa (A Florida Limited)	iny as it now appears on Liability Company)	our records.)		
The Articles of Organization for this Limited I Florida document number L10000016759	Liability Company	were filed on 02/10/2	2010	and as	signed
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liab	oility company here:			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the design	nation "LLC" or the	abbreviation "I	"IC."
Enter new principal offices address, if applicable:		2438 RIVER RISE COURT			
(Principal office address MUST BE A STREET ADDRESS)		ORLANDO, FL 32828			
Enter new mailing address, if applicable:		2438 RIVER RISE	COURT		
Mailing address MAY BE A POST OFFICE	(BOX)	ORLANDO, FL 328	328		
B. If amending the registered agent and	l/or registered o	ffice address on ou	r records, enter		of the r
registered agent and/or the new registered o	office address her	<u>e</u> :	, or c	7	ED
Name of New Registered Agent:	-			<u> </u>	
New Registered Office Address:	2438 RIVER R			9 1 E	
		Enter Florida s			
	ORLANDO		, Florida _	Zin Code	
		City		sm 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 605, 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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	TEOFILO C. SANCHEZ PEREZ	2438 RIVER RISE COURT	
		ORLANDO, FL 32828	Remove
MGRM	LOURDES S. MONCADA CHAV	2438 RIVER RISE COURT	
		ORLANDO, FL 32828	Remove
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			11.			ET 37
ective date, if other the effective date is listed, the	than the date of ne date must be speci-	filing:O	7/11/17	or more than 90 da	(optional)	Pursuant to 605.02
e: If the date inserted ument's effective date	in this block does	not meet the ap-	plicable statutory	filing requiremen	nts, this date w	ill not be listed
ument's effective date	on the Departmer	ii or state s reco	ius.			
record specifies a	delayed effect	ive date. but	not an effecti	ve time, at 12	2:01 a.m. o	n the earlier
he 90th day after				,		
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00