

400000/8/99

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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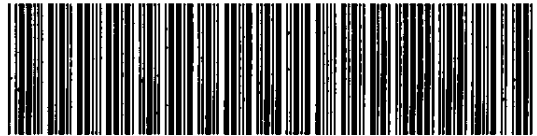
(Business Entity Name)

(Document Number)

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10 MAR 15 PM 12:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

MAR 16 2010

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: WCK, 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:

ANDREW THOMKA-GAZDIK, ESQ

Name of Person

STROMBERG & TARONE, PLC

Firm/Company

180 ROYAL PALM WAY, STE. 201

Address

PALM BEACH, FL 33480

City/State and Zip Code

GAZDIK@MSN.COM

E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

ANDREW THOMKA-GAZDIK, ESQ.

Name of Person

at ( 561 )

832-0272

Area Code & Daytime Telephone 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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

WCK, 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 Liability Company were filed on FEBRUARY 17, 2010 and assigned Florida document number L10000018199.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

LIGHT WASTE PRO, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

610 CLEMATIS STREET

NO. 405

WEST PALM BEACH, FL 33401

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

180 ROYAL PALM WAY

STE. 201

PALM BEACH, FL 33480

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10 MAR 15 PM 12:17  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

ANDREW THOMKA-GAZDIK, ESQ.

New Registered Office Address:

180 ROYAL PALM WAY, STE. 201

*Enter Florida street address*

PALM BEACH

*City*

, Florida

33480

*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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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10 MAR 15 PM 12:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated MARCH 11, 2010.

\_\_\_\_\_  
Signature of a member or authorized representative of a member  
**ANDREW THOMKA-GAZDIK, ESQ.**  
\_\_\_\_\_  
Typed or printed name of signee

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TO  
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OF**

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Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

610 CLEMATIS STREET

NO. 405

WEST PALM BEACH, FL 33480

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

180 ROYAL PALM WAY

STE. 201

PALM BEACH, FL 33480

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ALLAHABAD, FLORIDA

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ANDREW THOMKA-GAZDIK, ESQ.

New Registered Office Address:

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*Enter Florida street address*

PALM BEACH

, Florida

33480

*City*

*Zip Code*

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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
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		_____	

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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TALLAHASSEE, FLORIDA

Dated MARCH 11, 2010

\_\_\_\_\_  
Signature of a member or authorized representative of a member

**ANDREW THOMKA-GAZDIK, ESQ.**

\_\_\_\_\_  
Typed or printed name of signee