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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

SEP - 1 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOUTHERN RECYCLING SERVICES "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:

JOSEPH WILSON SCOTT
Name of Person

SOUTHERN RECYCLING SERVICES "LLC"
Firm/Company

5956 NYBERG RD.
Address

NORTHPORT, FLORIDA 391291
City/State and Zip Code

KJ DONDA @ GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSEPH WILSON SCOTT at (941) 822-9613
Name of Person 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

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11 AUG 31 PM 12:53
TALLAHASSEE, FL
SECRETARY OF STATE

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

SOUTHERN RECYCLING SERVICES "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 OCT, 6th, 2010 and assigned
Florida document number L10000105120

This amendment is submitted to amend the following:

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

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)

5956 NYBERG RD.
NORTHFORT FLORIDA
34291

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5956 NYBERG RD.
NORTHFORT FLORIDA
34291

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:

KRISTIAN DUNDA

New Registered Office Address:

23167 OLEAN BLVD.

Enter Florida street address

PORT CHARLOTTE, Florida 33980

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.

Kristian Dunda
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

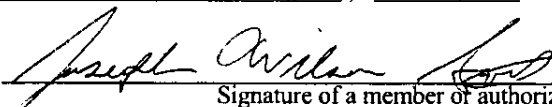
MGRM = Managing Member

Title	Name	Address	Type of Action
"MGR"	JULIA SCOTT	1161 GAUCHO TERR. NORTHPORT FLORIDA 34286	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
"MGR"	JOSEPH WILSON SCOTT	5956 NYBEEG RD. NORTHPORT FLORIDA 34291	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated

8-27, 2011



Signature of a member or authorized representative of a member

Joseph Wilson Scott

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 AUG 31 PM 12:33

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