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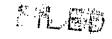
JUN 2 4 2011

EXAMINER

COVER LETTER

Division of Corporations				
SUBJECT: Joanies Recycling LLQ Name of limited Liability Company				
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:				
Name of Person				
Tours Road:				
Joanies Kecycling Firm/Company				
4625 118 to Ave. N. # 101				
Address				
Finellas Park, FL 33762				
City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Nichalas DiNicola a1(727) 798-3455				
Name of Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount:				
▼\$25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certified Copy (additional copy is enclosed)				
MAILING ADDRESS: STREET/COURIER ADDRESS:				
Registration Section Division of Corporations Division of Corporations Division of Corporations				
P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Tranic 15 Rc	Lyclina	110	2011 JUN 23	AM M: 20
Joanie S Rc. (Name of the Limited Lia (A Flo	bility Company as it no rida Limited Liability Co	w appears on ou ompany)	r records LANCK	SIALE ENFLORIDA
The Articles of Organization for this Limited Liabil	ity Company were file	d on Jay.	12,2011	and assigned
Florida document number <u>L11000051</u>	.64.			
This amendment is submitted to amend the following	ng:			
A. If amending name, <u>enter the new name of the</u>	limited liability com	pany here:		
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liabili	ity Company," the	designation "LLC"	or the abbreviation
Enter new principal offices address, if applicable	:	· · · · · · · · · · · · · · · · ·		
(Principal office address MUST BE A STREET A	DDRESS)		 	.
				<u> </u>
Enter new mailing address, if applicable:				
(<u>Mailing address MAY BE A POST OFFICE BOX</u>	<u> </u>			
		·		
B. If amending the registered agent and/or registered agent and/or the new registered office		ress on our rec	ords, <u>enter the n</u>	ame of the new
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
_	City		_, Florida Zij	o 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:

Type of Action

MGR = Manager
MGRM = Managing Member

Title Name Address

Joseph DiNicola MGR ☐ Remove 40-LIDAY, FL 34691 MbR 🗌 Add ☐ Remove Add Remove \square Add Remove \prod Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2011 Signature of a member or authorized representative of a member Louis D: Nicola Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00