

L11000010193

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

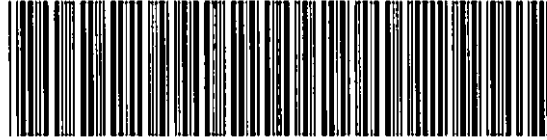
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

WS8 - 7/10/11

Office Use Only



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08/23/18--01003--005 **50.00

FILED
2011 AUG 20 PM 3:55
CLERK OF STATE
TALLAHASSEE, FLORIDA

M. MILLIGAN

AUG 23 2018

Pembroke Pines, August 13, 2018

TO: Registration Section
Division of Corporations

FROM: Vivian C. Marti Font
Planet Recycling Group, LLC

REF: NOT sending Check

Dear Sir/Madam,

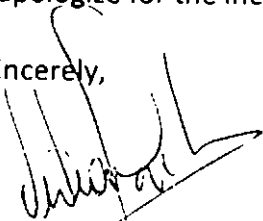
Today I mailed (via next day) an envelope with this same application for a name change.

Unfortunately I forgot to include the check for the processing fee (\$ 60) as marked in the application.

I am enclosing the check this time and I am re-sending the application.

I apologize for the inconvenience

Sincerely,

A handwritten signature in black ink, appearing to read "Vivian C. Marti Font", written over a horizontal line.

Vivian C. Marti Font

Rec. 8/20/2018 @ front Counter

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PLANET RECYCLING GROUP, 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:

VIVIAN C. MARTI FONT

Name of Person

PLANET RECYCLING GROUP, LLC

Firm/Company

12920 NW 20th STREET

Address

PEMBROKE PINES, FL, 33028

City/State and Zip Code

vivianmarti@martiasesoares.com

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

For further information concerning this matter, please call:

VIVIAN C MARTI

954 707 3164

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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**

FILED
2018 AUG 20 PM 3:55
SECRETARY OF STATE
ALACHUA COUNTY, FLORIDA

PLANET RECYCLING GROUP, 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 JULY 05, 2018 and assigned
Florida document number L11000010193

This amendment is submitted to amend the following:

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

PLASTIC SOURCE GROUP, LLC

The new name must be distinguishable and contain 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)

12920 NW 20th STREET

PEMBROKE PINES

FLORIDA, 33028

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

12920 NW 20th STREET

PEMBROKE PINES

FLORIDA, 33028

**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: N/A

New Registered Office Address: N/A

Enter Florida street address

N/A N/A
City Florida 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 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized 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"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated AUGUST 13, 2018

Signature of a member or authorized representative of a member

VIVIAN MARTI FONT

Typed or printed name of signer

FILED
2018 AUG 20 PM 3:55
COMMUNITY & STATE
TAXPAYER RELATIONS