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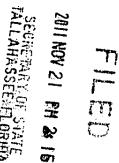
(Requestor's Name)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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COVER LETTER

TO: 'Registration Section

Division of Co	rporations					
SUBJECT:	Recycling	Processes, LLC				
SOBJECT.		ited Liability Company				
The enclosed Articles of	f Amendment and fee(s) are sul	bmitted for filing.				
Please return all corresp	ondence concerning this matter	r to the following:				
		Antonio Regojo Name of Person		- -		
		Regojo Law, PA		_		
		Firm/Company		1	~	
	110	077 Biscayne Blvd #406		Affilia Luci	2011 NOV 21	«₩ ₹»- 1 Ŀ
		Address		AHA	\$ \$	1]
		Miami, FL 33161		33. 37. 37. 37. 37. 37. 37. 37. 37. 37.		
		City/State and Zip Code				
•	E-mail address: (egojo@regojolaw.com to be used for future annual report not	tification)	RELE	eri eri	
For further information	concerning this matter, please of	call:	•	□*		
	tonio Regojo	at (305)	814-8299	····		
Name	of Person	Area Code & Dayti	me Telephone Numbe	er		
Enclosed is a check for t	he following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certifie	ate of St	atus &	osed)
Regist Divisi P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COUF Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL 3	orations Center Circle			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Recycling Pro	cesses, LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appear Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Company Florida document numberL11000027192	were filed on	March 4, 2011	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company her	<u>e</u> :		
The new name must be distinguishable and end with the words "Lim	ited Liability Compa	ny," the designation "[1]	C" or the abbreviation	
L.L.C." Enter new principal offices address, if applicable:	117 NW 42nd	I Avenue #1011 ∰	§ <u>T</u> 1	
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 331	126 SSA	Bankat.	
Enter new mailing address, if applicable:	117 NW 42nd	Avenue #1011	132	
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33126			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, <u>enter the</u>	name of the new	
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	, Florida			
	Citv		Zin 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 **Type of Action Title** Name Address Remove ☐ Add ☐ Remove ☐ Add Remove Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) November 17 2011 Dated ___ Signature of a member or authorized representative of a member Antonio Regojo, Authorized Representative Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00