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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_

jgross@covanta.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN COVANTA DADE METALS RECOVERY LLC

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## ARTICLES OF AMENDMENT •TO ARTICLES OF ORGANIZATION OF

Covanta Dade Metals Recovery LLC			
(Name of the Limited Liabit (A Florid	lity Company as it now appears on our la Limited Liability Company)	records.)	
The Articles of Organization for this Limited Liability of Florida document number <u>L11000047148</u>	Company were filed on 04/14/2011	and assigno	ed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
Reworld Dade Metals Recovery, LLC		202	
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."	••
Place and the first of the property of the control		נור נ כ	-
Enter new principal offices address, if applicable:		<u> </u>	
(Principal office address MUST BE A STREET ADD	<u>RESS)</u>		•
			1
		2:	
Enter new mailing address, if applicable:		ယ	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		enter the name of the new re	gister
Name of New Registered Agent:			
New Registered Office Address:			
New Negligies Office Address.	Enter Florida street	cultress	
		Florida	
	City	Zip Code	
New Registered Agent's Signature, if changing Registers	·	·	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and a accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change.	complete performance of my dut agent as provided for in Chapter red office address, I hereby confi	ies, and I am familiar with a 605, F.S. Or, if this docume	nd
	If Changing Registered Agent, Sign	nture of New Registered Agent	

MGR = Manager

\_\_\_\_\_ □Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = Authorized Member					
Title	<u>Name</u>	Address	Type of Action		
			□Add		
		<del></del>	□Remove		
			□ Change		
			□Add		
			□Remove		
<del></del>			□Add		
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From: Kaity Toon

in amending any other filters	nation, enter change(s) here:	(Attach additional sheets, if necessary.)
****		
	•	
<del></del>		
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	block does not meet the applicable	(optional) date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3 le statutory filing requirements, this date will not be listed as th
If the record specifies a delayed effect record is filed.	tive date, but not an effective time	e, at 12:01 a.m. on the earlier of: (b). The 90th day after the
Dated April 16th	2024	
Plank	ll	zed representative of a member
	Signature of a member or authorize	red representative of a member
Praveena McGhee		
	Typed or printed i	name of signee