Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (G14)280-3338 Fax Number : (614)573-3996

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an	nual	repor	t mailin	gs.	Enter	only	one	email	add	res	s ple	ase.	* * 75

Email Address:\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIG REWORLD DADE METALS RECOVERY, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

T. LEMIEUX

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Electronic Filing Menu Corporate Filing Menu

To:

## ARTICLES OF AMENDMENT

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		ART	TCLES OF ORGA	ANIZATION		
			OF			
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	Reworld D	ade Metals Recovery, L	ALC			
		•	ited Liability Company as it (A Florida Limited Liability)	now appears on our rec Company)	cords.)	<del></del>
The Articles	s of Organiza	ntion for this Limited I	Liability Company were fi	led on Florida		_ and assigned
		er <u>L11000047148</u>				
This amend	ment is subm	nitted to amend the fol	lowing:			
A. If amen	ding name,	enter the new name o	of the limited liability co	<u>mpany here</u> :		
The new name	must be distin	guishable and contain the	words "Limited Liability Comp	pany," the designation "	LEC" or the abbre	viation "L.L.C."
Enter new	principal off	fices address, if applic	cable:			
(Principal o	office address	<u>s MUST BE A STREI</u>	ET ADDRESS)			
Enter new	mailing add	ress, if applicable:				
(Mailing ad	ldress MAY	BE A POST OFFICE	BOX)		<u> </u>	
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B. If amen	ding the reg	istered agent and/or i	registered office address	on our records, <u>en</u>	ter the manie o	of the ney(Tegistered
<u>agent and/c</u>	or the new re	egistered office addre	ess here:		ASSEE,	<b>₹</b> [1]
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<u>Na</u>	ime of New I	Registered Agent:	<del></del>		——————	<u></u>
<u>Ne</u>	w Registered	d Office Address:				<b></b>
				Enter Florida street ad	dress	_
					, Florida <u> </u>	
			Cuj			Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

Thereby 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

Title	<u>Name</u>	Address	Type of Action
MGR	A. Bradley Howe	445 South St. Morristown, NJ 07960	ÑAdd
			□Remove
			□Change
MGR	Michael Shain	445 South St. Mortistown, NJ 07960	■Add
			□Remove
		<del></del>	□Change
MGR	D. Scott Holkeboer	14230 Hays Road, Spring Hill, FL 34610	≅iAdd
			□Remove
			□Change
			□Remove
			□Change
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	e date inserted in the seffective date on t				ry filing requir	ements, this c	late will not be	listed as t
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