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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 23, 2016

ABRAHAM MISHAL CREATIVE WASTE SOLUTIONS 1440 NW 1ST COURT BOCA RATON, FL 33432

SUBJECT: CREATIVE WASTE SOLUTIONS "L.L.C"

Ref. Number: L11000094301

We have received your document for CREATIVE WASTE SOLUTIONS "L.L.C" and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young Regulatory Specialist II

Letter Number: 816A00020530

www.sunbiz.org

COVER LETTER

TO:	Registration Se Division of Cor			
CHID IE		E WASTE SOLUTIONS "L.L.G	C ⁿ	
SUBJEA	-1: <u></u>	Name of Limi	ted Liability Company	
The encl	osed Articles of	Amendment and fee(s) are subr	nitted for filing.	701
Please re	turn all correspo	ondence concerning this matter t	to the following:	7011 8CT - 3 PM 2: 2011.
		ABRAHAM MISHAL		
SUBJECT The enclose Please return ABRAHA Enclosed is			Name of Person	
		CREATIVE WASTE SOLI	UTIONS	2: 20 LLAHASSE 2: 15. SEP 22
SUBJEC The enclo Please retr Por further ABRAHA Enclosed i		······································	Firm/Company	7 E
		1440 NW IST COURT		F 2
			Address	· · · · · · · · · · · · · · · · · · ·
		BOCA RATON, FL 33432		PH 2: 34
	Name of Person CREATIVE WASTE SOLUTIONS Firm/Company 1440 NW 1ST COURT Address BOCA RATON, FL 33432 City/State and Zip Code LILIAMISHAL@GMAIL.COM E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: ABRAHAM MISHAL 561 843-5970	<u> </u>		
		_		
		E-mail address: (to	be used for fixture annual report noti	fication)
For furth	er information o	oncerning this matter, please cal	11:	
ABRAH	IAM MISHAL			
	Name o	f Person		e Telephone Number
Enclosed	l is a check for th	ne following amount:		
	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ING ADDRESS:	STREET/COUR Registration Section	

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

54

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

CREATIVE WASTE SOLUTION (Name of the Lin		any as it now appears on our recu Liability Company)	ords.)		
The Articles of Organization for this Limited Florida document number L11000094301				and assig	gned
This amendment is submitted to amend the fo	llowing:				
A. If amending name, enter the new name	of the limited liab	oility company here:			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "L	LC" or the abbrevia	tion "L.L.	.C."
Enter new principal offices address, if appli	icable:	1440 NW 1ST COURT			
(Principal office address MUST BE A STRE		BOCA RATON, FL 33432		5	
21 PPLICATION VIIVE BUIN (30 N2 001 D2 71 D 110	DI TIDDICERS;	,		_ 2	111
				22	
Enter new mailing address, if applicable:		1440 NW 1ST COURT		2	<u> </u>
(Mailing address MAY BE A POST OFFICE	T ROY	BOCA RATON, FL 33432		2	
Manning data ess MAT DE ATOST OFFICE	<u>. </u>			<u> </u>	
B. If amending the registered agent and registered agent and/or the new registered of	•		rds, enter the 1	name of	f the ne
Name of New Registered Agent:	JOSEPH GRA	HAM			
Name of New Registered Agent:					
Name of New Registered Agent: New Registered Office Address:	JOSEPH GRAI		ress		
		COURT Enter Florida street add	ress Florida ³³⁴³²		

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

Title	Name	Address	Type of Action
MGR	TODD PAYNE	460 NE 10TH TERRACE	
		BOCA RATON, FL 33432	■ Remove
			Change
MGR	ABRAHAM MISHAL	1440 NW ST COURT	Add
		BOCA RATON, FL 33432	☐ Remove
		fill	Change 5
			S程 22
			Remove ☐ ☐ ☐
			Chille Division
		····	
			☐ Remove
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alaine			□ Add
			Remove
			Change
· 			
			Remove
			☐ Change

Effective date, if other than the date of filing: Symbol Symb	, ii am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	_
Effective date, if other than the date of filing: Optional (optional) (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. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records. the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: The 90th day after the record is filed.			_
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			er of:
Signature of a member or authorized representative of a member	Datèd		
		Signature of a member or authorized representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00