L11000132247

(Red	questor's Name)	
(Add	dress)	
————(Add	dress)	
(City	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Name	e)
(Doc	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



600354593656

11/09/20--01018--009 **25.00

2020 NOV -9 PM 5: 33

12/15/20

COVER LETTER

TO:

IO: Registration Section Division of Corporations	
SUBJECT: AHLAS RECYC	1116 1-1-00 m
Name of Lim	ited Liability Company
The enclosed Articles of Amendment and fee(s) are sub	mitted for filing.
Please return all correspondence concerning this matter	to the following:
•	
JOSE DH	BEEMUDEZ ARDITE Name of Person
	RECYCLING LLC Firm/Company
	W 295th FERR
	Address
Homest	EAD, F(33030 City/State and Zip Code
	City/State and Zip Code
F '1-11 (to be used for future annual report notification)
For further information concerning this matter, please ca	
JOSENH BERMUNEZ ARDI	te at (786) 877 - 3269 Area Code Daytime Telephone Number
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee S30.00 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)
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
Tallahassee, FL 32314	Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AHAS RECYC	mpany as it now appea	rs on our records.)	
(A Florida Limi	ited Liability Company)		
The Articles of Organization for this Limited Liability Comp	any were filed on	11-21-2011	and assigned
Florida document number <u>L11000132247</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company h	ere:	
The new name must be distinguishable and contain the words "Limited L	Liability Company," the o	lesignation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		2
)20:
	~-		₩
Enter now mailing address if applicables			-9
Enter new mailing address, if applicable:			7
(Mailing address MAY BE A POST OFFICE BOX)			ं ये — उस
			<u></u> <u></u>
B. If amending the registered agent and/or registered off	ice address on our 1	ecords, enter the <u>nar</u>	+- ne of the new registe
agent and/or the new registered office address here:		,	
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	Enter Flo	rida street address	_
		, Florida	
	City	,	Zip Code
New Registered Agent's Signature, if changing Registered Ag	ent:		
I hereby accept the appointment as registered agent and	agree to act in this	capacity. I further as	gree to comply with t
provisions of all statutes relative to the proper and comp			

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>	Type of Action
AHBE	JOSEPH BERMUDEZ	159 SE 1 St Homestead, FL 33033	X Add
	,,,,		□Remove
MGR	JOSE R BERMUDEZ VEGA	18555 SW 195# JERR Homestead, FL 33030	⊠Ádd
		·	□Remove 2020 超Change
			2020 Change
			∵ī Remove
			□Change
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change

	2020 NOV -9 PM 5: 34
	-9 PM 8:
	<u> </u>
fective date, if other than the date of filing: 10-30-2020 In effective date is listed, the date must be specific and cannot be prior to date of filing or more tee: If the date inserted in this block does not meet the applicable statutory filing cument's effective date on the Department of State's records.	(optional) c than 90 days after filing.) Pursuant to 605.0 requirements, this date will not be listed
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on is filed.	the earlier of: (b) The 90th day after
1cd October 30 , 2020.	
Signature of a member or authorized representative of a member or authorized representative of Sephobez Typed or printed name of signee	evenly Circlete
A signature of a member organism and representative of	