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SECRETARY OF STATE

2013 JUN 19 AM II: 1

B. BOSTICK JUN **2 0** 2013

EXAMINED

COVER LETTER

TO:

Registration Section
Division of Corporations

UBJECT: Asametal Foreign Trade LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jon D. Blakesberg

Name of Person

Blakesberg & Company

Firm/Company

951 SW 4th Ave

Address

Boca Raton, FI 33432

City/State and Zip Code

Maria@blakesbergcpas.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria Smiley

Name of Person

Area Code & Daytime Telephone Number 06

Enclosed is a check for the following amount:

□ \$25.00 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)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Asametal Foreign Trade LLC			
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our rec I Liability Company)	ords.)	
The Articles of Organization for this Limited Liability Compar Florida document number 11200009182	ny were filed on 01-19-2012	2 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company here:		
Blue Recycling LLC			
The new name must be distinguishable and end with the words "Li"L.L.C."	mited Liability Company," the desi	gnation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		2 <u></u>	
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:		JUH 19 AN	
(Mailing address MAY BE A POST OFFICE BOX)		56 = 5	
		<u>ਹੋ</u> ਜ਼ 0	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		s, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		lorida	
	City	Zip 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Leon Saltos	3571 Magellan Circle	Add
		apt#347/4	Remove
		Aventura, Fl 33180-3718	
MGRM	Eda Birol	8777 Collins Ave	
		Surfside, FI 33154	Remove
		A .	Remove
		LAHASSE	
			Remove
			Remove
			Add
			Remove

D. If ameno	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated	<u>6-17</u> 2013.
	Med 2
ē	Signature of a member or authorized representative of a member GIPCI SATTOS
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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