

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
_		
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
	-	
Special Instructions to	Filing Officer:	

Office Use Only

FEB 1 1 2013

G. McLEOD



000244367840

02/08/13--01003--013 **25.00

13 FEB -8 PM 4: 11

COVER LETTER

TO:

Registration Section Division of Corporations

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:

Devin Hammer
Name of Person
Firm/Company
2016 Madison Street
Address
Hollywood, FL 33020
City/State and Zip Code

devinhammer@msn.com

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

For further information concerning this matter, please call:

Devin Hammer

₍305₎457-4330

Name of Person

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

BRITECYCLE LLC						
(<u>Name of the Limited</u> (A	Liability Compar Florida Limited L	ny as it now appears on our re liability Company)	cords.)			
The Articles of Organization for this Limited Lia Florida document number <u>L12000089451</u>	ability Company	were filed on _07/09/201	2	an	d assig	gned
This amendment is submitted to amend the follo	wing:					
A. If amending name, enter the new name of	the limited liab	ility company here:				
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Company," the des	signation	ı "LLC" or	the ab	breviation
Enter new principal offices address, if applica	ıble:	2016 Madison Stree	et	,	\ C+3	
(Principal office address MUST BE A STREET		Hollywood, FL 3302	20	11 (444)	iJ	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	POVI	2016 Madison Stree		En Co	B-8 PK 4:	F The second
(Mailing dairess MAT BE A FOST OFFICE I	<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		To Take		
B. If amending the registered agent and/o registered agent and/or the new registered off		<u>e</u> :	ls, <u>ente</u>	r the nai	ne of	the new
Name of New Registered Agent:						
New Registered Office Address:	2016 Madi	son Street		17		
		Enter Florida				
	Hollywood	, F	lorida _	33020	C - 1.	
Non-Basis and Assault Cinnaans if showing D		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 Charging 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>	Name		Type of Action
MGRM	THOMAS KORRAY	2318 PRAIRIE AVE	Add
		MIAMI BEACH, FL 33140	Remove
			_
			Add
			Remove
			_
<u> </u>			Add
			Remove
			Add
			Remove
^			Add
			Remove
			Add
			Remove

If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ted	117/13
-	Signature of a member or authorized representative of a member
	Devin Hammer
_	Typed or printed name of signee

Filing Fee: \$25.00