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#### COVER LETTER

TO:

**Registration Section Division of Corporations** 

# CITY RECYCLING GROUP 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:

## HASAN ALAHMAD

Name of Person

# CITY RECYCLING GROUP LLC

Firm/Company

PO BOX 130074

Address

TAMPA, FL 33681

City/State and Zip Code

cityrecyclinggroup@gmail.com

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

For further information concerning this matter, please call:

## HASAN ALAHMAD

Name of Person

Area Code & Daytime Telephone Number

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

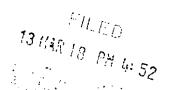
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle

LI 30000 36287

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



#### CITY RECYCLING GROUP LLC

(Name of the Limited Liability Company as it now appears on our records.

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compa	any were filed on 03.11.2013	and assigned
Florida document number L13000036287		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited l</u>	iability company here:	
The new name must be distinguishable and end with the words "L" "L.L.C."	imited Liability Company," the design	nation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET/ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address l		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida st	reet address
		orida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:	

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> **Name Address Type of Action** JOHN HELM 1739 HERMIT THRUSH CIRCLE **MGRM** PALM HARBOR, FL 34683 Remove Remove Remove Remove

. If amending any ot	her information, enter change(s) here: (Attach additional sheets, if necessary.)
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<del> </del>	
ited	
in W	Trosar.
	Signature of a member or authorized representative of a member
/ HASAI	N ALAHMAD
<u> </u>	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00