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2013 JUN -5 PM 1: 0

JUN - 6 2013 J. BRYAN

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Automotive Fluid Lecycling 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:
Lusty leery Name of Person
Automotive Florid Recycling, Lies &
1530 Rivertrace Drive
Fleming TSland, FL 32005 City/State and Eip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Lusty Peery at 904, 272-1174 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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

(Name of the Limited Liability Company (A Florida Limited Liab	FLivid Laucling, LLC y as it now appears on our decords.) ability Company)
The Articles of Organization for this Limited Liability Company we Florida document number <u>L 13 06 004 02 13</u>	were filed on 3/18/2013 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	lity company here:
The new name must be distinguishable and end with the words "Limited "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	TISE SEE
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	S R D
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code

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	<u>Address</u> <u>T</u>	ype of Action		
MGRM	Brell ISaac	2151 University Hods	Add		
		Jacksonville, FL 32216	Remove		
			Add		
		, 	Remove		
			Add T		
			Hemove 3		
			Add		
			Remove		
			Add		
		·	Remove		
			Add		
			Remove		

D. If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated_	
	Month Elman
	Signature of a member or authorized representative of a member
	Rusty Peery
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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