

h13 000057992

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

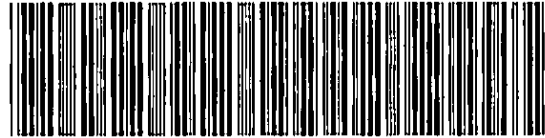
(Business Entity Name)

(Document Number)

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10/26/21--01017--031 **60.00

2021 OCT 26 AM 10:45
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C. BRUMBLEY
NOV - 5 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LIBERTY RECYCLING, 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:

GAMIN ZACHARIAS

Name of Person

INFRABUILD RECYCLING, LLC

Firm/Company

3423 PORT SUTTON ROAD

Address

TAMPA, FL 33619

City/State and Zip Code

GZACHARIAS@HOTMAIL.COM

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

For further information concerning this matter, please call:

GAMIN ZACHARIAS

813

241-9700

at (_____) _____

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

LIBERTY RECYCLING, 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 Company were filed on APRIL 19, 2013 and assigned
Florida document number L13000057992.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

INFRABUILD RECYCLING, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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 605, 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

[illegible]

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

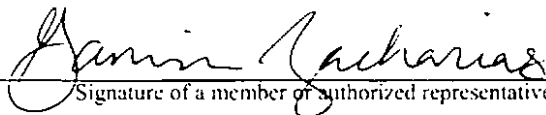
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated SEPTEMBER 7, 2021



Signature of a member or authorized representative of a member

GAMIN ZACHARIAS

Typed or printed name of signee

Filing Fee: \$25.00

Form

8878-A**IRS e-file Electronic Funds Withdrawal
Authorization for Form 7004**

OMB No 1545-1927

(Rev. December 2008)
Department of the Treasury
Internal Revenue Service

▶ See instructions. Do not send to the IRS. Keep for your records.

For calendar year 20 or tax year beginning 07/01/20, ending 06/30/21

Name on Form 7004

Identifying number

LIBERTY RECYCLING HOLDINGS INC &**84-3355687****Part I Information From Form 7004 (Whole Dollars Only)**

1	Tentative total tax (Form 7004, line 6)	1	1,073,632
2	Total payments and credits (Form 7004, line 7)	2	23,632
3	Balance due (Form 7004, line 8)	3	1,050,000

Part II Authorized Person's Declaration and Signature Authorization

Under penalties of perjury, I declare that I have been authorized by the above taxpayer to make this authorization and that I have examined a copy of the taxpayer's electronic Form 7004 for the tax year indicated above. I further declare that the amounts in Part I above are the amounts shown on the copy of the taxpayer's electronic Form 7004. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send this authorization to the IRS with the electronic Form 7004 and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, and (b) the reason for any delay in processing the form. I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the taxpayer's balance due on Form 7004, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the taxpayer's consent to electronic funds withdrawal.

Authorized Person's PIN: check one box only

☒ I authorize **PRIDA GUIDA & PEREZ, P.A.** to enter my PIN **55687** as my signature
ERO firm name do not enter all zeros
 for the taxpayer's consent to electronic funds withdrawal for the balance due on the taxpayer's electronic Form 7004 for the tax year indicated above.

☐ I will enter my PIN as my signature for the taxpayer's consent to electronic funds withdrawal for the balance due on the taxpayer's electronic Form 7004 for the tax year indicated above.

Authorized person's signature

STEPHEN RYAN

Date

9-15-21

Title

PRESIDENT**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

61947498765

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature to authorize submission of the electronic funds withdrawal authorization with the electronic Form 7004 for the taxpayer indicated above. I confirm that I am submitting this authorization with Form 7004 in accordance with the requirements of Pub. 3112, IRS e-file Application and Participation, and Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see instructions.

Form **8878-A** (Rev. 12-2008)