L13000131978

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
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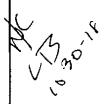




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COVER LETTER

SUBJECT:	SMART RE	CYCLING OF NORTH FLOR	RIDA, LLC		
NODJECT.		Name of Limi	ted Liability Company		
The enclosed	l Articles of A	Amendment and fee(s) are subr	nitted for filing.		
Please return	all correspor	ndence concerning this matter t	to the following:		
		Robert Thomas			
Name of Person					
		SMART RECYCLING OF	NORTH FLORIDA, LLC		
			Firm/Company		
		1100 POND VIEW COUR	Т		
			Address		
		SAINT JOHNS, FL 32259			
		employeeleasing@bellsouth			
		E-mail address: (t	o be used for future annual report notifi	ication)	
For further in	nformation co	neerning this matter, please ca	li:		
Robert Thor	mas		904 718-9005 at ()		
•	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is	a check for the	e following amount:			
□ \$25.00 F	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

ГО:

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**

FILED

2018 OCT 19 PM 3: 08

SMART RECYCLING OF NORTH FLORIDA, LLC

(Name of the Limited Liability Company as it now appears on our recpress)
(A Florida Limited Liability Company)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability	Company were filed on $\frac{09/18/20}{2}$	and assigned
lorida document number L13000131978	·	
This amendment is submitted to amend the following:		
. If amending name, enter the new name of the lin	nited liability company here:	
GP Commerce Center, LLC		
he new name must be distinguishable and contain the words "Lin	mited Liability Company," the designa	ation "LLC" or the abbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or regi		records, enter the name of the new
egistered agent and/or the new registered office add	<u>uress nere</u> :	
Name of Nam Davistand Agents		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida st	reet address
	-	, Florida
	City	Zip Code
ew Registered Agent's Signature, if changing Register	ed Agent:	
hereby accept the appointment as registered agent rovisions of all statutes relative to the proper and c ccept the obligations of my position as registered c eing filed to merely reflect a change in the register ompany has been notified in writing of this change	complete performance of my d agent as provided for in Chapt ed office address, I hereby co	luties, and I am familiar with and ter 605, F.S. Or, if this document is
	If Changing Registered Agent, §	Signature of New Registered Agent

f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

MGR = Manager AMBR = Authorized Member

<u> itle</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
	,		☐ Change
			Add
			☐ Remove
			Change
			Remove
			Change
			Add
			☐ Remove
			Change
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ffective date, if other than the an effective date is listed, the date must lote: If the date inserted in this bloocument's effective date on the De	ck does not meet the applical	date of filing or more than sole statutory filing require	O days after filing.) Pursuant to 605.02 ments, this date will not be listed
e record specifies a delayed The 90th day after the reco	effective date, but not ord is filed.	an effective time, a	: 12:01 a.m. on the earlier
October 17	, 2018		
Ros	CO Homas		
		zed representative of a men	
	signature of a member or author	ized representative of a men	iber

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Filing Fee: \$25.00