213000176916

or's Name)
e/Zip/Phone #)
] WAIT MAIL
s Entity Name)
nt Number)
Certificates of Status
Officer:

Office Use Only



300320004473

10/29/18--01029--018 **30.00



M. MILLIGAN
OCT 31 2018

COVER LETTER

C & S REC	YCLE FOR FREE LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	DARRELL LAGRANT S	TRONG	
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	C & S RECYCLE FOR FE	REE LLC	
		Firm/Company	
	P O BOX 11235		
		Address	
	TAMPA FL. 33680		
		City/State and Zip Code	
	cnsrecycle@gmail.com		
	E-mail address: (to be used for future annual report notifi	ication)
For further information co	oncerning this matter, please co	all:	
DARRELL LAGRANT STRONG		1-813 509-0939	
Name of Person		at ()	Telephone Number
Enclosed is a check for th	ne 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:

TO:

Registration Section

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**

C & S RECYCLE FOR FREE LLC

(A Florida Li	mited Liability Company)		
The Articles of Organization for this Limited Liability Com Florida document number <u>L13000176916</u> .	npany were filed on 12/26/2013 and assigned:		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company here:		
The new name must be distinguishable and contain the words "Limited	Hability Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	7120 BONITO ST		
(Principal office address MUST BE A STREET ADDRE	SS) TAMPA FL, 33617		
Enter new mailing address, if applicable:	P O BOX 11235		
(Mailing address MAY BE A POST OFFICE BOX)	TAMPA FL. 33617		
B. If amending the registered agent and/or register registered agent and/or the new registered office addres	red office address on our records, enter the name of the new		
Name of New Registered Agent: DARREI	DARRELL LAGRANT STRONG		
New Registered Office Address: 7120 BO	NITO ST		

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. Thereby confirm that the limited liability company has been notified in writing of this change.

City

TAMPA

If Changing Registered Agent Signature of New Registered Agent

Enter Florida street address

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	STRONG, LATOSHA M	9242 DAYFLOWER DR TAMPA FL, 33647	☐ Add
			≅ Remove
			Change
MGR	STRONG, DARRELL L	7120 BONITO ST TAMPA FL. 33617	■ Add
			☐ Remove
			□ Change
			Add
			Remove
			Change
			□ Remove
			Change
			□ Add
			☐ Remove
			Change
			Add
			🗆 Remove
			☐ Change

D. If ar	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)			
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Note	ctive date, if other than the date of filing:	rsuant to 60 I not be lis	5.0207 (. ted as th	3)(b ie
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on ne 90th day after the record is filed.	the earl	ier of:	
Date	d,			
	Signature of a member or authorized representative of a member		νa	
	T	36 26	2018 OCT 25	•
	Typed or printed name of signee	<u></u>	1 29	:
		:	<u></u>	!

Page 3 of 3

Filing Fee: \$25.00