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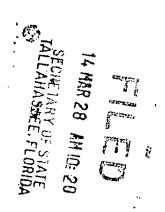
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1. Statuers APR 0 2 2014

COVER LETTER

TO:

Registration Section

Division of Corporations

SUBJECT:

KRK 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:

REYNOLD GOINDOO

Name of Person

KRK RECYCLING LLC

Firm/Company

1533 SW 167TH AVE

Address

PEMBROKE PINES, FL 33027

City/State and Zip Code

NEIGE@EBS0104.COM

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

For further information concerning this matter, please call:

REYNOLD GOINDOO

.954.362-5214

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
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KRK RECYCLING LLC

company has been notified in writing of this change.

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

(A rionda limited L	natifity Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000044641</u>	were filed on 03/18/2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and end with the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	15800 PINES BLVD SUITE 341
(Principal office address MUST BE A STREET ADDRESS)	PEMBROKE PINES, FL 33027
Enter new mailing address, if applicable:	15800 PINES BLVD SUITE 341
(Mailing address MAY BE A POST OFFICE BOX)	PEMBROKE PINES, FL 33027
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
New Registered Agent's Signature, if changing Registered Agent:	City Florida Zip Code
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member **Title** <u>Name</u> **Address Type of Action** ORTELIO R RUIZ 25050 SW 157 AVE MGR **■** Add HOMESTEAD, FL 33031 Remove 9282 SW 221 ST MGR CARLOS M GILMORE **■** Add CUTLER BAY, FL 33190 □ Add ☐ Remove □ Remove □ Add ☐ Remove

	<u></u> .
Effective date, if other than the date of filing:	(optional)
he effective date must be specific, cannot be prior to date of receipt or filed date and cannot b	
The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be the date this document is filed by the Florida Department of State) Dated	
The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be the date this document is filed by the Florida Department of State)	e more than 90 days after
The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be the date this document is filed by the Florida Department of State) Dated	e more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

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SECHE LAKY OF STATE
TALLAHASSEE, FLORIDA