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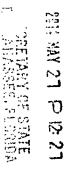
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B. BOSTICK

JUN - 4 2014

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporatio	ns			
SUBJECT: £ Reco	yeling Solutions Name of Limited Lie	LLC ability Company	-	
Dear Sir or Madam:				
The enclosed Statement of Corr	rection and fee(s) are submitted for fili	ing.		
Please return all correspondence	e concerning this matter to the followi	ng:		
Michael Stub Name E-Recyclines	bubine e of Person Solutions LCC	_		
111 Highline	Dr	_		
Longwood City/State	and Zip Code			
MICHAEL 6	SOJUSASTERNOATI d for future annual report notification)	A. (om		
For further information concern	-		19 100 100 100 100 100 100 100 100 100 1	- î :
MILMAZ L STUBBLE Name of Person	n at (40)	e Daytime Telephone Number	ARCIARY ARASSEI	Dallar Labran Care.s
STREET/COURIER ADDRE Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	ss:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	P 12: 21 OF STATE E, FLORIDA	
Enclosed is a check for the fol	lowing amount:			
	iling Fee & Status Status Certified Copy	□ \$60 Filing Fee, Certificate of Status & Certified Copy		
CR2E062 (2/14)				

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document. The name of the limited liability company is: 2 - Recycling Solutions, LLC FIRST: The Florida Document number of the limited liability company is: <u>L1400005478</u>7 **SECOND:** THIRD: Document to be corrected is: Artiles of Incorporation & IRS Document (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the X corrected statement are as follows: Member is SDS Holdings LLC not SDS LLC formed the owning entity name was still anasting approval. HIGHLINE DR, LONGULOD, FL 32750 going to the business uddress <u>OR</u> \Box Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: OR The electronic transmission of the record was defective.

Filing Fee:

\$25.00

Certified Copy:

\$30.00 (optional)

Signature of Authorized Representative