

L14000069591

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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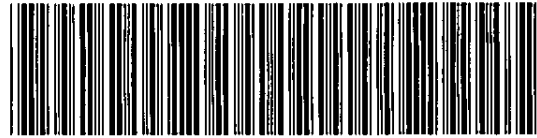
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATE  
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TO ACKNOWLEDGE  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 25 2015

S. YOUNG

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: American Tire Disposal & Recycling L.L.C  
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:

Peter Andrawes  
Name of Person

American Tire Disposal & Recycling L.L.C  
Firm/Company

411 Capital Cir SW  
Address

Tallahassee, FL 32304  
City/State and Zip Code

American4recycling@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Peter Andrawes at (407) 485-4362  
Name of Person Area Code Daytime Telephone Number

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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

American Tire Disposal & 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 04/30/2014 and assigned Florida document number 114000069591.

This amendment is submitted to amend the following:

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

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)

411 Capital Cir SW  
Tallahassee, FL 32304

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

411 Capital Cir SW  
Tallahassee, FL 32304

**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

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Heba Bassous	3336 Red Ash Cir Oviedo, FL 32766	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	Usama Hanna	1950 N Point Blvd APT #800 Tallahassee, FL 32308	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	Bishoy Morkos	1950 N Point Blvd APT #800 Tallahassee, FL 32308	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
AMBR	ELham Abdelmaseh	3909 Reserve Dr APT #1428 Tallahassee, FL 32311	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
MGR	Peter Andrawes	1560 High Road APT #135D Tallahassee, FL 32304	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Remove <input type="checkbox"/> Change

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**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.

Dated 06/25/2015, \_\_\_\_\_

Peter Andrawes  
Typed or printed name of signer

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TALLAHASSEE, FLORIDA