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(Ad	ldress)	
(Ad	- ldress)	
(Cit	ty/State/Zip/Phon	e #)
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OCT 29 2014 J. HARRIS

COVER LETTER

TO: Registration Se Division of Cor			
IGP F	Recycling, LLC)	
SUBJECT:		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:	
	Guy Lachap	elle	
	-	Name of Person	
	IGP Recyclii	ng, LLC	
		Firm/Company	
	8565 Stocks	Road	•
	1	Address	
	Jacksonville	, FL 32220	
		City/State and Zip Code	
	shapells@bellsout	In.net to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please ca	all:	
Guy Lacha	pelle	_{at} 904 786-58	503
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	: 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:
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

IGP Recycling, LLC				
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our recor Liability Company)	<u>'ds.</u>)		
The Articles of Organization for this Limited Liability Company Florida document number L14000077784	y were filed on <u>5/13/2014</u>	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here:			
The new name must be distinguishable and end with the words "Limited Lia	ability Company," the designation "L	LC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)		—		
		0 37		
		N 워크-		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
		CO CONTRACTOR		
B. If amending the registered agent and/or registered oregistered agent and/or the new registered office address he		ds, enter the name of the n		
registered agent and/or the new registered office address ne	<u>16</u> .			
Name of New Registered Agent:				
Name of New Registered Agent.				
New Registered Office Address:	Enter Florida street addr	orte		
	Enter Florida Street address			
	, F	TioridaZip Code		
Non-Donistand Acade Size Association Designated Acade	•	Zip Code		
New Registered Agent's Signature, if changing Registered Agent				
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet				

If Changing Registered Agent, Signature of New Registered Agent

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 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 **Type of Action** Title Name **Address** Gary Bilbro 8565 Stocks Road **AMBR** _□ Add Jacksonville, FL 32220 ■ Remove _□ Add _□ Remove _□ Remove ___ □ Rēmov □ Add ☐ Remove

	•••
-	
(The effective	ate, if other than the date of filing:
	2014 2014
-	Signature of a member or authorized representative of a member
(Gu∲ Lachapelle
_	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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