## U466677754

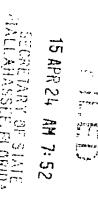
(F	Requestor's Name)	
(/	Address)	. <u> </u>
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PICK-UP	☐ WAIT	MAIL
(1)	Business Entity Name)	
(1	Document Number)	
·	Certificates of	Status
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## **COVER LETTER**

TO: Registration So Division of Cor		
. IGP Rec	cycling, LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please return all correspo	ondence concerning this matter to the following:	
	Karen Thomas	
	Name of Person	
	IGP Recyling, LLC	
	Firm/Company	
	1100 Pond View Court	
	Address	
	ST Johns, FL 32259	
	City/State and Zip Code	
	employeeleasing@bellsouth.net  E-mail address: (to be used for future annual report notification)	
For further information of	concerning this matter, please call:	
Karen Thomas	904 718-9005	
Name o	of Person Area Code Daytime Telephone Number	
Enclosed is a check for t	the following amount:	
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing If Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Cop (additional copy is enclosed)	Status &

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 C (A Florida Lii	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com Florida document number L14000077784	npany were filed on May 13, 2014	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 end with the words "Limite	ed 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 ADDRES	<u>(22)</u>	
	•	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		FC <b>3</b>
		最最
Name of New Registered Agent:		52 2
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 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>	<u>Address</u>	Type of Action
AMBR	Robert Thomas	1100 Pond View Court	Add
		St Johns, FI 32259	■ Remove
AMBR Karen Thomas	Karen Thomas	1100 Pond View Court	■ Add
		St Johns, FL 32259	□ Remove
			Add
			□ Remove
			Addi AHASSEE
			OF STAND AND AND AND AND AND AND AND AND AND
			Remove

If amending any other information, en	iter change(s) here: (Attach additio	onal sheets, if necessary.)
	-	
•		
Effective date, if other than the date of the effective date must be specific, cannot be printed date this document is filed by the Florida De		(optional) be more than 90 days after
Dated	·	
Dated April 21  Raht 6.	The	
	re of a member or authorized representative	
5.5	te of a member of addionized representative	of a member
Robert Thomas	te of a memoer of authorized representative	oi a member

Page 3 of 3

Filing Fee: \$25.00

SEGRETARY OF STATE.

5 APR 24 AM 7: 5