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SECRETARY OF STATE

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COVER LETTER

Division of Cor TAINO RE	porations CYCLING LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fec(s) are subt	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	JULIO MOLINA		
	JULIO MOLINA PA	Name of Person	
	2002 CURRY FORD RD	Firm Company	
	ORLANDO FL 32806	Address	
	JULIOMOLINA@BELLSC	City/State and Zip Code DUTH.NET	
Executive information .	F-mail address (concerning this matter, please co	to be used for future annual report notif	icataya)
JULIO MOLINA	-	407 228-4757	
Name c	of Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for t	he 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

TO:

Registration Section

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED OF

TAINO RECYCLING LLC

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

(A Fierida Limited Liability Company)

SECRETARY OF STATE

06TALLAHASSEE, FLORIDA and assigned The Articles of Organization for this Limited Liability Company were filed on Florida document number L14000101233 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: VULCAN RECYCLING LLC The new name must be distinguishable and contain the words "I mited I iability 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 ___ 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>	Address	Type of Action
MGRM	JORGE I. ALFONSECA MANZUR	11429 RAPALLO I ANF WINDERMERE, FL 34786	⊟ Add
			☐ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change
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			Change

					
					
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Note: If the dat	if other than the dat is listed, the date must be e inserted in this block ctive date on the Depar	does not meet the ap-	plicable statutory filin	(optional) ore than 90 days after filing) g requirements, this date w	Pursuant to 605 020 ill not be listed a
	ecifies a delayed ef ay after the record		not an effective t	ime, at 12:01 a.m. o	n the earlier o
DatedRH,Y 20	(₁	2019			
		17			

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Typed or printed name of signee

Filing Fee: \$25.00