## L14000 110692

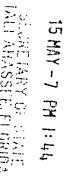
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## **COVER LETTER**

Division of Cor	porations		
SUBJECT:	ATLANTIC COAST	WASTE & RECYCLING, LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	А	NTONIO GONZALEZ	
		Name of Person	
	GONZ	ZALEZ & ASSOCIATES III, PA	
		Firm/Company	
	483	6 W OAKLAND PARK BLVD	
		Address	<del></del>
		SUNRISE, FL 33351	
		City/State and Zip Code	
		EZ@AMEFINANCIALGROUP.CO	
	E-mail address: (	to be used for future annual report notific	cation)
For further information of	concerning this matter, please c	all:	
ANTON	IIO GONZALEZ	954 773-7286 at ( )	
Name o	of Person		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)

TO:

**Registration Section** 

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

	STE & RECYCLING, LLC	
( <u>Name of the Limited Liability Comps</u> (A Florida Limited	iny <u>as it now appears on our records.</u> ) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document numberL14000110092	were filed on 07/11/2014 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	1810 SW 56 AVE	
(Principal office address MUST BE A STREET ADDRESS)	PLANTATION, FL 33317	
Enter new mailing address, if applicable:	8436 W OAKLAND PARK BLVD.	
(Mailing address MAY BE A POST OFFICE BOX)	SUNRISE, FL 33351	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		
Name of New Registered Agent:	<b>基度 3</b>	
New Registered Office Address:	(#) H	
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 agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is	

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
MGR	CCI W&R	4500 S STATE RD 7	
		FT. LAUDERDALE, FL 33314	■ Remove
			Change
MGR	TRIPLE J TRAILOR RENTAL IN	1810 SW 56 AVE	
		PLANTATION, FL 33317	□ Remove
			Change
			□ Remove
			□ Change
			☐ Change
			Add
			□ Remove
			☐ Change
			□ Add
			☐ Remove
			Change

, 11 am ,	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Effec	tive date, if other than the date of filing:  05/05/2015  (optional) (optiona
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a nent's effective date on the Department of State's records.
the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of a 90th day after the record is filed.
,, ,,,,	90th day after the record is filed.
Dated	
	Signature of a member or authorized representative of a member
	Suzanue Shaw Typed or printed name of signee

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Filing Fee: \$25.00