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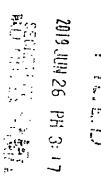
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| Special Instructions to | Filing Officer: | |
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COVER LETTER

| TO: | Registration Sec Division of Corp | | | |
|-----------|--------------------------------------|--|---|--|
| CV PD VPD | | ORE RECYCLING & CRUSI | HING, LLC | |
| SUBJE | CI: | Name of Lim | ited Liability Company | |
| The enc | losed Articles of a | Amendment and fee(s) are sub- | mitted for filing. | |
| Please r | etum all correspo | ndence concerning this matter | to the following: | |
| | | David C. Jordan, Esq. | | |
| | | | Name of Person | |
| | | David C. Jordan, PLLC | | |
| | | | Firm/Company | |
| | | P.O. Box 1568 | | |
| | | | Address | |
| | | Land O' Lakes, FL 34639 | | |
| | | david@djordanlaw.com | City/State and Zip Code | |
| | | E-mail address: (| to be used for future annual report notifica | ation) |
| For furt | her information co | oncerning this matter, please or | all: | |
| David C | C. Jordan | | 813 486-5452 at () | |
| | Name of | Person | Area Code Daytime T | elephone Number |
| Enclose | d is a check for th | e 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 Taliahassee, 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

South Shore Recycling & Cr-shing, 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 Liabil Florida document number L14000184798 | lity Company were filed on 12/2/2014 | and assigned |
|---|--|--|
| This amendment is submitted to amend the following | ng: | |
| A. If amending name, enter the new name of the | e limited liability company here: | |
| The new name must be distinguishable and contain the words | "Limited Liability Company," the designation "LLC" or the abb | revistion "L.L.C." |
| Enter new principal offices address, if applicable | e: | |
| (Principal office address MUST BE A STREET A | IDDRESS) | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO. | <u>x</u> | |
| registered agent and/or the new registered office | registered office address on our records, enter to address here: | 2019 |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address , Florida | 28 PH |
| _ | City | Zip Code? |
| New Registered Agent's Signature, if changing Regi | | and the same of th |

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> | Type of Action |
|--------------|-------------------------|--|----------------|
| AMBR | Gina Vollmer | | |
| | | 7001 Gibsonton Dr., Gibsonton, FL 33534 | ■ Remove |
| | | | [] Change |
| AMBR | Vollmer Holdings, LLC | 7001 Gibsonton Dr., Gibsonton, FL 33534 | B Add |
| | | | Remove |
| | | | □ Change |
| AMBR | Liuland Operations, LLC | 14106 Lincolnshire Ct., Tampa, FL 33626 | |
| | | | Remeve |
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Filing Fee: \$25.00