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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Harne)
(Decument Number)
(Document Number)
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11/02/20--01027--008 **30.00

SECRETARY OF STATE

12/16/20

COVERLETTER

Registration Section
Division of Corporations

TO:

			•
SUBJECT: $\underline{S_N}$	eddon Recycli Name of Lim	ne Trens pert	LLC
	Amendment and fee(s) are sub	-	
Please return all correspon	dence concerning this matter	to the following:	
	Michael Sa	Name of Person	
		Name of Person	
		Firm/Company	······
	2104 Bay St	nore Drive Address	<u> </u>
	Nictoille	FL 32589 City/State and Zip Code	
		1 cling @ Gmail at to be used for future annual report not	itication)
For further information co	ncerning this matter, please ea	all:	
Michael Sno Name of	Person	at (SSC) 420 - Area Code Daytin	ne Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	\$30.00 Fiting 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 Se	ection	Street Address: Registration Se	
Division of Co P.O. Box 6327	-	Division of Co The Centre of	-
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ANTICLES OF AMERICA

TO
ARTICLES OF ORGANIZATION
OF

FILED

2020 NOV -2 PM 5: 50

Sneddon Recycling -	Transport Little	201 2 111 3.00
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our real Liability Company)	PEF ARY OF STATE LLAHASSET, FL
The Articles of Organization for this Limited Liability Compan		
Florida document number L 150000 G 1 551.		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia		
The new name must be distinguishable and contain the words "Limited Lial	oility Company," the designation "L	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2104 Bay S	hore Drive
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Nice ville	FL 32578
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office		3 2 5 7 8
agent and/or the new registered office address here:		
Name of New Registered Agent: Michae	1 Sweddon Sc	
New Registered Office Address: 2104	Bay Shore Dr.	₹ e Idress
Nice	City	Florida 32578
New Registered Agent's Signature, if changing Registered Agen	•	·

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply we provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documen 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Actio
			□Add
			ПRеточе
			□Change
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Note: If	e date, if other than the date of filing:
e record s rd is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	10ctober 29, 2020.
	Mal I
	Signature of a member or authorized representative of a member
	Michael Sweddow Typed or printed name of signee

Filing Fee: \$25.00