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Office Use Only



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SECRETARY OF STATE

MITARIASSEE TI ONDO

OCT 2 8 2015 S. YOUNG

# COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: B+M AC RECOVERY AND RECYCLING LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Terry Mattox Name of Person  B+M AC Recovery AND Recycling UC  Firm/Company
1709 NW 36 4 PC Address
Cape Copal FL 33993  City/State and Zip Code  bmac recovery @ amail.com  E-mail address: (to be used/for future annual report notification)  For further information concerning this matter, please call:
For further information concerning this matter, please call:
Terry Mattox at 339 841-0487 55  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 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

### 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

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Liability Company as I Florida Limited Liability	t now appears on o y Company)	our records.)	
	filed on $Q$	-28-15	_ and assigned
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	ompany here:		
LC			
ls "Limited Liability Cor	npany," the design	ation "LLC" or the abbro	viation "L.L.C."
le:			
ADDRESS)			
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	address on our	r records, enter th	e name of the new
	Enter Florida si	reet address	
, Florida			
C	ity	- -	Zip Code
	Liability Company as I Florida Limited Liability Florida Limited Liability colors are limited liability colors "Limited Liability Corole:  ADDRESS)  registered office are address here:	Liability Company as it now appears on Florida Limited Liability Company)  ility Company were filed on	registered office address on our records, enter the 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> Name <u>Address</u> **Type of Action** □ Add □ Remove ☐ Change □ Remove ☐ Change Remove [:] :Change ₽Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

D. II amending any other ii	nformation, enter change(s) here: (Attach additi	onal sneets, if necessary.)
NAME	CHANGE ONL	<del> </del>
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		SSE 27
·		### <b>#</b> D **
		<u> </u>
Note: If the date inserted i	han the date of filing:  date must be specific and cannot be prior to date of filing or n n this block does not meet the applicable statutory filin on the Department of State's records.	(optional) nore than 90 days after filing.) Pursuant to 605.0207 (3)(b) ng requirements, this date will not be listed as the
If the record specifies a control (b) The 90th day after the second seco	delayed effective date, but not an effective the record is filed.	time, at 12:01 a.m. on the earlier of:
Dated Oct	22,2015.	
	Signature of a member or authorized representative	e of a member
		e or a minimum

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Filing Fee: \$25.00