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SECRETARY OF STATE
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## **COVER LETTER**

TO:	Registration Sec Division of Corp			
our.		ste & Recycling, LLC		
SUB	JECT:	Name of Lim	ited Liability Company	
The e	enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Pleas	e return all correspoi	ndence concerning this matter	to the following:	
		Peter A. DiSalvo		
		- · · · · · · · · · · · · · · · · · · ·	Name of Person	······································
		DiSalvo And Company, P.	A.	
			Firm/Company	<del></del>
		1945 20th Street		
			Address	···
		Vero Beach, FL 32960		
			City/State and Zip Code	<del>,, , , , , , , , , , , , , , , , , , ,</del>
		flannualreports@disalvocpa	a.com to be used for future annual report notific	ention
For f	urther information co	oncerning this matter, please ca	•	auon)
Peter	r A. DiSalvo,CPA		772 770-6008	
	Name of	Person	Area Code Daytime	Telephone Number
Enclo	osed is a check for th	e following amount:		
<b>S</b>	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

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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SECRETARY	PH 5:53

Florida Waste & Recycling, LLC

(A Flo	rida Limited Liability Company)	ASSEE, FLORIDA
The Articles of Organization for this Limited Liability Florida document number L15000190950	y Company were filed on 11/10/2015	and assigned
This amendment is submitted to amend the following		
A. If amending name, enter the new name of the l	imited liability company here:	
MSAFL, LLC		
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address if applicable		
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·	
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	
B. If amending the registered agent and/or re registered agent and/or the new registered office a	~	s, enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	ss .
		orida
	City	Zip Code

## 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 = Mar AMBR = Aut	nager horized Member	Address  2016 DEC -5 PM 5: 53 Type of Action SECRETARY OF STATE - 11		
<u>Title</u>	<u>Name</u>	Address	SECRETARY OF STATE TALLAHASSEE, FLORID,	3 <sup>Type of Action</sup>
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ffect	ive date, if other than the date of filing: (optional)
an ef lote:	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
The	e 90th day after the record is filed.
ated	12/1/16
	AA = T
	Signature of a member or authorized representative of a member
	STEVEN LPLENINGER Typed or printed name of signee

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Filing Fee: \$25.00