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SECRETARY OF STATE

COVER LETTER.

Divi	ision of Corpo	orations		
SUBJECT:	RS1 ADMIN	ITRATIVE SERVICES, LL	c	
SOBOLC. I.	•		ited Liability Company	
The enclosed	Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return	all correspond	lence concerning this matter	to the following:	
		JOSE ROBERTO SERVI	JA	
			Name of Person	·
			Firm/Company	
		Leage contained in	, ,	
		18975 CONCERTO DR		
			Address	
		BOCA RATON - FL - 33-	198	
			City/State and Zip Code	
		SERVIJA@HOTMAIL.CO)M	
		E-mail address: (to be used for future annual report notifi	ication)
For further in	formation con	cerning this matter, please ca	all:	
JOSE ROBE	RTO SERVIJ	A	at () 370-8452 Area Code Daytime	
	Name of P	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the	following amount:		
□ \$25.00 Fi	iling 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:

TO:

Registration Section

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

RS1 ADMINISTRATIVE SERVICES, LLC		
(Name of the Limited Liability C (A Florida Lin	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com Florida document number <u>L15000204600</u>	apany were filed on December 8, 2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
OS AMERICAN RECYCLING, LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2
(Principal office address MUST BE A STREET ADDRES	(3)	<u> </u>
		<u> </u>
		TAR HEAD
Enter new mailing address, if applicable:		500
(Mailing address MAY BE A POST OFFICE BOX)		
The state of the s		50 N
B. If amending the registered agent and/or registere	ed office address on our records, <u>er</u>	-
registered agent and/or the new registered office address		
Name of New Registered Agent:		
. New Registered Office Address:		
	Enter Florida street address	-
	. Florid:	a
	Спу	Zıp 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 the rest 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>	Address	Type of Action
			□ Remove
			Change
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Effective date, if other	than the date o	f filing:	1 st. 2020		(opti o	nal)	
(If an effective date is listed, t <u>Note:</u> If the date inserted document's effective date	I in this block doe	s not meet the a	ipplicable statu	filing or more th story filing requ	an 90 days after I airements, this	date will not be li	05.0207 (. sted as th
the record specifies a) The 90th day after	delayed effec the record is	tive date, bu filed.	it not an eff	ective time,	at 12:01 a.	m. on the ear	lier of:
Manuala Nas	`\	2020					
Dated March 1st							

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Filing Fee: \$25.00