

PLEASE HONOR ORIGINAL DATE 11-29-16

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000292271 3)))



H160002922713ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614) 288-3338
Fax Number : (954) 208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED

2016 NOV 30 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
WASTE RECOVERY SOLUTIONS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

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Corporate Filing Menu

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<https://efile.sunbiz.org/scripts/efilecovr.exe>

K. SALY

DEC - 1 2016

11/29/2016

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2016 NOV 28 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER**TO: Registration Section
Division of Corporations****SUBJECT:** Waste Recovery Solutions, 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:

Jane GrossName of PersonWaste Recovery Solutions, LLCFirm/Company445 South StreetAddressMorristown, NJ 07960City/State and Zip Code#legal@covanta.comE-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jane Gross862345-5059Name of Personat ()Area CodeDaytime Telephone Number

Enclosed is a check for the 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
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**

WASTE RECOVERY SOLUTIONS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12/18/2015 and assigned
Florida document number L15000209300

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

COVANTA ENVIRONMENTAL SOLUTIONS CARRIERS I, 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

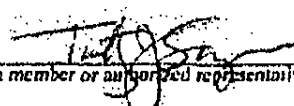
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TALLAHASSEE, FLORIDA

11/27
TOW

E. Effective date, if other than the date of filing: January 1, 2017 (optional)
(If an effective 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 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated November 17, 2016



Signature of a member or authorized representative of a member

Timothy J. Simpson

Typed or printed name of signee

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Filing Fee: \$25.00

850-817-6381

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November 30, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

WASTE RECOVERY SOLUTIONS, LLC
445 SOUTH ST
MORRISTOWN, NJ 07960US

SUBJECT: WASTE RECOVERY SOLUTIONS, LLC
REF: L15000209300

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The document submitted is incomplete. Please refile complete document.

***The filed date of this company is 12/18/2015, please correct document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H16000292271
Letter Number: 716A00025436

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