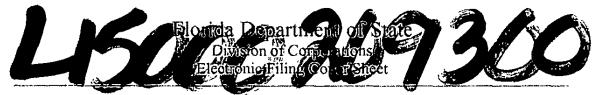
Division of Corporations



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.

(((H160003071923)))



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:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 (614) 280-3338 Phone 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:\_

	Certificate of Status	0
Page Count 03	Certified Copy	1
	Page Count	0.3

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

Electronic Filing Menu Corporate Filing Menu

Help

DEC 16 2016

age 4 of 5	2016-12-15 10.55:24 CST	19542080845 From: Ranae M
	COVER LETTER	
TO: Registration Section		
Division of Corporations		
SUBJECT: Covanta Envi	ronmental Solutions Carriers	I, LLC
JUBJEC 1:	Name of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Statement of Correction as	nd fee(s) are submitted for filing.	
Please return all correspondence concern	ning this matter to the following:	
Jana Orana		
Jane Gross		
Name of Perso		
Covanta Energy		
Firm/Company		
445 South Street		
Address		
Morristown, NJ 0	7960	
Chy/State and Zip	Code	
#legal@covanta.c	om	
E-mail address; (to be used for fut	ure annual report notification)	
	matter alarm calles	
For further information concerning this	matter, piease can:	1988年 - 皇帝、皇帝、1188年
For further information concerning this	862 345-5059	Fig. 5
		Number CO
Jane Name of Person	at 862 345-5059 Area Code Daytime Telephone	Number CO
Name of Person  STREET/COURIER ADDRESS: Registration Section	at 862 345-5059  Area Code Daylime Telephone  MAILING ADDRESS Registration Section	Number CO
Name of Person  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	Area Code Daytime Telephone  MAILING ADDRESS Registration Section Division of Corporation P.O. Box 6327	Number FG F F Si
Name of Person  STREET/COURIER ADDRESS: Registration Section Division of Corporations	at 862 345-5059  Area Code Daytime Telephone  MAILING ADDRESS Registration Section Division of Corporation	Number FG F F Si
Name of Person  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	Area Code Daytime Telephone  MAILING ADDRESS Registration Section Division of Corporation P.O. Box 6327 Tallahassee, Florida 32	Number FG F F Si
Name of Person  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  Enclosed is a check for the following:	Area Code Daytime Telephone  MAILING ADDRESS Registration Section Division of Corporation P.O. Box 6327 Tallahassee, Florida 32	Number FEG F T T T T T T T T T T T T T T T T T T
Name of Person  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Area Code Daytime Telephone  MAILING ADDRESS Registration Section Division of Corporation P.O. Box 6327 Tallahassee, Florida 32  amount: g Fee & \$\Bigsim \$55. Filling Fee & \$\Bigsim \$60 Filling Fee Status Certificate of Status	Number FF C F F C F F C F F C F F C F F C F F C F F C F F C F F C F F C F F C F F C F F C F F F C F F F C F
Name of Person  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  Enclosed is a check for the following:  \$25 Filing Fee \$30 Filin Certificate of	Area Code Daytime Telephone  MAILING ADDRESS Registration Section Division of Corporation P.O. Box 6327 Tallahassee, Florida 32	Number FF C F F C F F C F F C F F C F F C F F C F F C F F C F F C F F C F F C F F C F F C F F F C F F F C F
Name of Person  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  Enclosed is a check for the following:	Area Code Daytime Telephone  MAILING ADDRESS Registration Section Division of Corporation P.O. Box 6327 Tallahassee, Florida 32  amount: g Fee & \$\Bigsim \$55. Filling Fee & \$\Bigsim \$60 Filling Fee Status Certificate of Status	Number FF C F F C F F C F F C F F C F F C F F C F F C F F C F F C F F C F F C F F C F F C F F F C F F F C F
Name of Person  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  Enclosed is a check for the following:  \$25 Filing Fee \$30 Filin Certificate of	Area Code Daytime Telephone  MAILING ADDRESS Registration Section Division of Corporation P.O. Box 6327 Tallahassee, Florida 32  amount: g Fee & \$\Bigsim \$55. Filling Fee & \$\Bigsim \$60 Filling Fee Status Certificate of Status	Number FF C F F C F F C F F C F F C F F C F F C F F C F F C F F C F F C F F C F F C F F C F F F C F F F C F

## STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

		tion 605.0209, F.S., this document is being submitted to cor ame of the limited llability company is:	•	et.	
		Covanta Environmental Solutions C	arriers I, LLC	*, alex v.d. er senerer ********	
SECON	ID:	The Florida Document number of the limited liability com	pany is: <u>L150002093</u> (	00	
THIRD	<b>)</b> :	Document to be corrected is: Articles of Amend	lment		
	Ś	CHECK THE APPROPRIATE BOX AND COMPLETE	THE APPLICABLE STATE	MENT	
		ins an incorrect statement. The incorrect statement, the reast ent are as follows:	on the statement is incorrect, an	d the co	rrected
	Nam	e change filed in error from Waste Recovery S	Solutions, LLC to		····
	Cov	anta Environmental Solutions Carriers I, LLC.	The name should be		-
	Was	te Recovery Solutions, LLC.			piliti nimengaga
	QR				
	Was d	efectively signed. The manner in which the document was cows:	defectively signed and the appro	opriate c	orrection are
	<u></u>			图	2
	<del></del>				<b>2016</b> DEC
	<u>OR</u>			ASSE	1 5 E
	The e	ectronic transmission of the record was defective.	12/14/16	or six	C
		Signature of Authorized Representative	Date	Clri F	2
New Re I hereby provisio obligati	ng the c gistere v accep ons of c ons of a chang	ew registered agent, if applicable: (NOTE: if correcting the lesignation).  d Agent's Signature, if changing Registered Agent:  I the appointment as registered agent and agree to act in this distance relative to the proper and complete performance in the position as registered agent as provided for in Chapter 6 agent the registered office address, I hereby confirm that the less that the registered office address, I hereby confirm that the less than the registered of the regis	s capacity: I further agree to co of my duties, and I am familiar 05, F.S. Or, if this document is	imply wi with and being fil	th the laccept the led to merely
		Registered Agent's Sign	nature		
		- · · · · · · · · · · · · · · · · · · ·	25.00 30.00 (options!)		