

5/15/2020 4:11 PM

Division of Corporations

No. 0460 P. 1

L16000024784

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From:
Account Name : US TAX CONSULTING INC
Account Number : I20160000060
Phone : (407)674-8969
Fax Number : (407)674-8970

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

Email Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PR2 RECYCLING LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$30.00

2020 MAY 13 4:11 PM

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF
PR2 RECYCLING LLC**

The Articles of Organization for this Florida Limited Liability Company were filed on 02/04/2016 and assigned Florida document number: L16000024784

Article I

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Article II

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**)

Article IV

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

Name of New Registered Agent:

New Registered Office Address:

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

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TALLAHASSEE, FLORIDA

RL

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

Title	Name	Address	Type of Action
AMBR	TEPX RECICLAGEM DE MATERIAIS	AV DOS AUTONOMISTAS 4900 KM18	REMOVE <input checked="" type="checkbox"/>
	BENEFICIADOS LTDA	OSASCO, SP 06194-060	ADD <input type="checkbox"/>

Title	Name	Address	Type of Action
AMBR	RICARDO LANGANKE ROGERIO	8712 THE SPLANADE # 22	REMOVE <input checked="" type="checkbox"/>
		ORLANDO, FL 32836	ADD <input type="checkbox"/>

Title	Name	Address	Type of Action
AMBR	PATRICK SHIGUIHARA ROGERIO	8712 THE SPLANADE # 22	REMOVE <input checked="" type="checkbox"/>
		ORLANDO, FL 32836	ADD <input type="checkbox"/>

Title	Name	Address	Type of Action
AMBR	TUCANO HOLDING LLC	16192 COASTAL HWY	REMOVE <input type="checkbox"/>
		LEWES, DE 19958	ADD <input checked="" type="checkbox"/>

Title	Name	Address	Type of Action
AMBR	MARIO ISAMU TERUYA	5220 NEW KINGS RD	REMOVE <input type="checkbox"/>
		JACKSONVILLE, FL 32209	ADD <input checked="" type="checkbox"/>

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

P.H.

D. Effective date, if other than the date of filing: (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

DATED: MAY 15, 2020.

D. H. Saporiski
Signature of a member or authorized representative of a member

Bilton Saporiski / Manager
Typed or printed name of signee