L16000220617

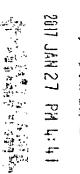
(Re	questor's Name)	
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M. MILLIGAN

Div	ision of Corp	porations		
SUBJECT:	MB Recycli	ng LLC		
ODOLCI.		. Name of Limit	ted Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return	all correspo	ndence concerning this matter t	o the following:	
		Alex Renaldo		
			Name of Person	
•		MB Recycling LLC		
			Firm/Company	
		·18229 SW 54th Street	•	
•		,	Address	
		Miramar, FL 33029		
			City/State and Zip Code	
		alexeyrenaldo@gmail.com		
			o be used for future annual report notific	cation)
For further i	information co	oncerning this matter, please ca	ll:	
Alex A Ren	aldo	-	305 775-0163	
	Name o	f Person		Telephone Number
Englaced is	n chack for th	ne following amount:		
				C 000 00 THE
■ \$25.00 l	Filing Fee	☐ \$30.00 Filing Fec & 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

TO: Registration Section

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**



MB Recycling LLC

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

The Articles of Organization for this Limited Liability (Florida document number L16000220617	Company were filed on 12/06/20	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
2 Phat Indians LLC		
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>		
B. If amending the registered agent and/or regi registered agent and/or the new registered office add		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office A Idress:	Enter Florida str	ret address
		, Florida
	City [,]	· Zip Code
New Registered Agent's Signature, if changing Register	ed 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 off ce address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registere 1 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> Name <u>Address</u> Type of Action _□ Add □ Remove _□ Change _□ Add ☐ Remove ☐ Change _□ Add ☐ Remove ☐ Change □ Add ☐ Remove ** Change □ Add □ Remove □ Change □ Add □ Remove

☐ Change

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Effective date, if other than the date of filing:	(optic	onal)	ഹവ
Note: If the date inserted in this block does not meet the applica	able statutory filing requirements, this	date will not be liste	:d a
document's effective date on the Department of State's records.		•	
ne record specifies a delayed effective date, but not	t an effective time, at 12:01 a	ı.m. on the earlie	er o
The 90th day after the record is filed.	·	•	
1/28/2017			
Dated	- ·		
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Signature of a member of author	rized representative of a member		Lie.
Gaurav Kumar Sarawgi			ç
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