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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

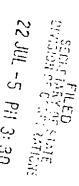
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S. CHATHAM OCT 3 - 2022



COVER LETTER

ŤO:	Registration Se Division of Cor			
/14 IFS 115		RECYCLING SERVICES, LI	.C .	
SUBJE	CT:	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	·	
		JOHN CHOQUETTE		
			Name of Person	
		FLORIDA RECYCLING	SERVICES, LLC	
			Firm/Company	
		1127 ROYAL PALM BEA	ACH BLVD #340	
			Address	- · - · · - · · · · · · · · · · · · · ·
		ROYAL PALM BEACH,	FL 33411	
			City/State and Zip Code	
		BRITTANYS@CCLOADE		
For furt	her information c	n-man address: (oncerning this matter, please c	to be used for future annual report notif all:	(canon)
BRITT	ANY CHOQUET	TE	561 688-5004	
	Name o	f Person		Telephone Number
Enclose	d is a check for th	ne 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 Adden	6.	Streat Address	

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

iv as it now appears on our records)	
iability Company)	
were filed on DECEMBER 12, 2016	and assigned
mitted to amend the following: s, enter the new name of the limited liability company here: inguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC." offices address, if applicable: ESS MUST BE A STREET ADDRESS) dress, if applicable: UBE A POST OFFICE BOX) Graph Graph	
lity company here:	
ty Company," the designation "LLC" or the a	bbreviation "L.L.C."
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	8508574855 22 JUL -5 FM
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	의 경찰
ddress on our records, <u>enter the nar</u>	ne of the new registered
Enter Florida street address	
City	Zip Code
1	lity company here: ity Company," the designation "LLC" or the a ddress on our records, enter the nar Enter Florida street address , Florida

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	JEFFREY CHOQUETTE	1127 ROYAL PALM BEACH BLVD #340	□Add
		ROYAL PALM BEACH, FL 33411	Remove
			□Change
AMBR	JOHN CHOQUETTE	1127 ROYAL PALM BEACH BLVD #340	= Add
		ROYAL PALM BEACH, FL 33411	Rejnove
			Ω ∏ Ω Remove
			□Change
			🗆 Add
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ective date, if other than the effective date is listed, the date mute: If the date inserted in this beament's effective date on the I	lock does not meet the appli	icable statutory filir	(option: nore than 90 days after fili ag requirements, this da	il) ng.) Pursuant to 605 ite will not be liste	i.020 ed i
cord specifies a delayed effectives filed.	ve date, but not an effective	time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after	r th
ed JUNE 27	. 2022	·			
1 W /					
<u> K</u> c	Signature of a member or aut	decrease of many	r		

Filing Fee: \$25.00