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Special Instructions to	Filing Officer:		

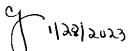




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2022 NOV -8 PH 1: 13



COVER LETTER

Division of Cor			
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	John Choquette		
		Name of Person	
	Florida Recycling Services	, LLC	
		Firm/Company	<u>.</u>
	1127 Royal Palm Beach Bl	vd #340	
		Address	
	Piorida Recycling Services, LLC Rame of Limited Liability Company		
		City/State and Zip Code	
		o be used for future annual report notifica	ation)
For further information c			•••••
Brittany Choquette			
Name o	of Person	Area Code Daytime T	elephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
		Street Address:	on

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

2022 NOV -8 PM 1:13

Florida Recycling Services, LLC

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

TALLA INSEE, F.

The Articles of Organization for this Limited Liability Company were filed on December 12, 2016

and assigned

Florida document number 1.16000224478

This amendment is submitted to amend the following:

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

Florida Materials, LLC

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

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

New Registered Agent's Signature, if changing Registered Agent:

agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

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.

City

Enter Florida street address

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
		<u></u> ,	
			Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
			□Change
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		- 	□Remove
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		□ Remove	
			□Change

Effective date, if other than the date of filing: (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 60 toler. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listocument's effective date on the Department of State's records. 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 aft d is filed. November 4 2022	
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November 4 2022	ter the
000 a	
Signature of a member or authorized representative of a member	
John Choquette	

Filing Fee: \$25.00