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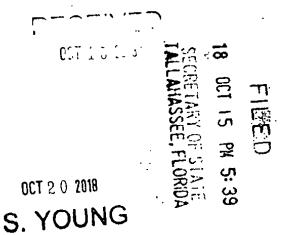
(Requestor's Name)
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(Business Entity Name)
(Document Number)
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COVER LETTER

	tion Section of Corporations			
REC				
30BJEC1	Name of Li	mited Liability Company		
The enclosed Artic	cles of Amendment and fee(s) are su	abmitted for filing.		
Please return all co	orrespondence concerning this matte	er to the following:		
	RUBEN D. TORO			
		Name of Person		
	RUBEN TORO P.A.			
		Firm/Company		
	7901 KINGSPOINTE PR	CWY STE. 31		
	ODI ANDO EL 22810	Address		
	ORLANDO FL 32819		,	1 SE . 60
		CRE I		
For first in form		: (to be used for future annual report notifi	ication)	15 P
	ation concerning this matter, please			FLO PSI
Ruben D. Toro		407 370-6445)RED 33
1	Name of Person	Area Code Daytime	Telephone Number	p —
Enclosed is a chec	k for the following amount:			
■ \$25.00 Filing	Fee \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 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

RECYCLING TRANSPORTATION ORLANDO 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 Company were filed on $\frac{01/05/2017}{1}$ and assigned Florida document number 117000004604 This amendment is submitted to amend the following: 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." 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 n registered agent and/or the new registered office address here: EDGAR A. PINZON Name of New Registered Agent: 1706 J. LAWSON BLVD. New Registered Office Address: Enter Florida street address , Florida ³²⁸²⁴ **ORLANDO**

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 to 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.

Cit

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being ad or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	EDGAR J. PINZON	1433 AGUACATE CT.	
		ODI ANDO EL 33037	Add
		ORLANDO FL 32837	■ Remove
AMBR	EDGAR A. PINZON	1706 J. LAWSON BLVD.	
		ORLANDO FL 32824	
			Remove
			Change
			☐ Remove
			Change
			Add
			Remove
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Page 3 of 3

Filing Fee: \$25.00