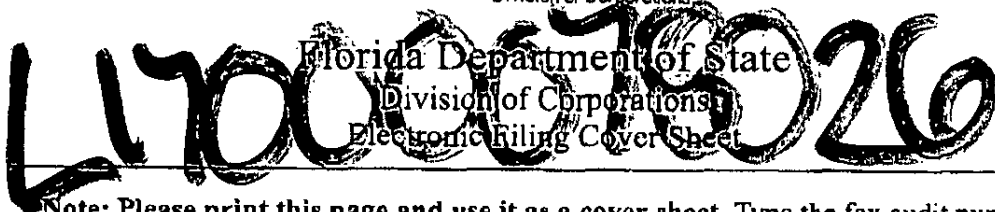


Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000157203 3)))



H170001572033ABC-

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To:

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

From:

Account Name : BOWMAN, GEORGE, SCHEB & TOALE, P.A.
Account Number : I19990000222
Phone : (941)366-5510
Fax Number : (941)957-4890

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

Email Address: lorifalcone59@gmail.com

FILED
JUN 12 AM 4 21
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
RESPECTABLE RECEPTACLE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

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JUN 12 PM 4:00
TALLAHASSEE, FLORIDA
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Help

D. SCOTT

JUN 13 2017

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Respectable Receptacle, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kenneth D. Chapman, Jr.

Name of Person

Bowman, George, Scheb, Kimbrough, Koach & Chapman, P.A.

Firm/Company

2750 Ringling Blvd., STE 3

Address

Sarasota, FL 34237

City/State and Zip Code

lorifalcone59@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kenneth D. Chapman, Jr.

941 366-5510

Name of Person

at (_____) _____
Area Code

Daytime Telephone Number

Enclosed is a check 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)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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

FILED
JUN 12 AM 4:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Respectable Receptacle, 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 04/06/2017 and assigned
Florida document number L17000078026

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 new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

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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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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Anthony Falcone	740 Arabian Circle	<input type="checkbox"/> Add
		Nokomis, FL 34275	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	James Lilly	740 Arabian Circle	<input type="checkbox"/> Add
		Nokomis, FL 34275	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Debra Karasick	740 Arabian Circle	<input checked="" type="checkbox"/> Add
		Nokomis, FL 34275	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

(b) The 90th day after the record is filed.

Dated June 12, 2017

Signature of a member or authorized representative of a member

Kenneth D. Chapman, Jr.

Typed or printed name of signee

Pursuant to 603.0207 (3)(b)
will not be listed as the
RETURN OF STATE
ASSETS, FLORIDA
on the earlier of:
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