L17000184688

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:
David Fogg GAVE AUTHORIZATION RY PHONE TO CORRECT SUFTIX DATE 9 15 17 DOC. EXAM SHOUTTLE

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J. HARRIE

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	CYCLED CON Name of Limi	STRUCTION M	ATERIACS
The enclosed Articles of a	Amendment and fee(s) are subt	nuted for filing	
Please return all correspon	ndence concerning this matter	to the following:	
		Name of Person	
	RECYCLED	CONSTRUCTION Firm/Company	· MATERIALS
	P.O. E	BCX 1450 Address	
	TITUSVIL	City State and Zip Code	
	E-mail address: (1	ASPHALTCES. To be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca	all:	
Name of	Person	at (2(ct)) 443 Area Code Daytime	- 5433 Telephone Number
Enclosed is a check for th	e 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ECYCLEO CON	ISTRUCTION MA	ATERIALS
(Name of the Limited Liability Com (A Florida Limite	ipany as it now appears on our red d Liability Company)	cords.)
The Articles of Organization for this Limited Liability Comparison document number 17000184688	ny were filed on $\frac{2/29}{}$	17 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
RECYCLED CONST	RUCTION MAT	CRIACS L.C. LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		D
(Principal office address MUST BE A STREET ADDRESS)		S P
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		PH 1
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our rec	ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	ddress
		. Florida
	Сну	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

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 = Ma $AMBR = Au$	mager ithorized Member		
<u>Title</u>	Name	Address	Type of Action
MER	DAVID FOGG	362 BEEHILE DR POBER	200 Add
		DAK HILL, FL327	<u>51</u> □ Remove
			Change
			Add
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he 90th day after the	record is filed.					
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		$\langle \rangle$			SEP All A	
	Signature of a me	mber or authorized rep	resentative of a membe		<u> </u>	ij
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Filing Fee: \$25.00