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Division of Corporations

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Florida Department of State
Division of Corporations
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To: Division of Corporations
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From: Account Name : ROBERT J. HUTCHINS
Account Number : 119990000126
Phone : (407) 833-3777
Fax Number : (407) 386-6584

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Email Address: SPLAKON@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SHREDPRO SECURE FLORIDA, LLC

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S. WARREN

FEB 19 2018

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18 FEB 19 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SHREDPRO SECURE FLORIDA, 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 11/27/2017 and assigned
Florida document number L17000242182.

This amendment is submitted to amend the following:

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

N/A

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:

1718 Astor Farms Place

(Principal office address MUST BE A STREET ADDRESS)

Sanford, Florida 32771

Enter new mailing address, if applicable:

1718 Astor Farms Place

(Mailing address MAY BE A POST OFFICE BOX)

Sanford, Florida 32771

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:

1718 Astor Farms Place

Enter Florida street address

Sanford

Florida 32771

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

N/A


E. Effective date, if other than the date of filing: February 19, 2018 (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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If 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 after the record is filed.

Dated February 17, 2018



Signature of a member or authorized representative of a member

Robert J. Hutchins, Attorney, Authorized Rep. of Member

Typed or printed name of signee

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