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## **COVER LETTER**

Divisi	ion of Corpo	rations					
SUBJECT:	VB ACORN	PLASTIC LLC					
3003201		Name of Limited Liability Company					
The enclosed A	Articles of Ar	nendment and fee(s) are sub-	mitted for filing.				
Please return a	ll correspond	ence concerning this matter	to the following:				
		MIRIT ZELLER					
			Name of Person				
		ORB CPA PA					
			Firm/Company				
		6030 HOLLYWOOD BLV	D SUIT 135				
			Address			<b>&gt;</b>	
		HOLLYWOOD, FL 33024	Į.			i Ti	
		ALON@ULTRA-BIN.COM	City/State and Zip Code				
			to be used for future annual (	report notification)			
For further info	ormation con	cerning this matter, please ca	all:		F-014	D N	
ALON SHAY			954 362 at ( )	2-7720	<b>2</b>	<u>w</u> . "	
	Name of P	erson	Area Code	Daytime Telepho	ne Number	-	
Enclosed is a c	heck for the	following amount:					
■ \$25.00 Fili	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy tadditional copy is enc.		\$60.00 Filing Fe Certificate of St Certified Copy (additional copy is)	tatus &	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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

WB ACORN PLASTIC 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 12/04/2017 and assigned Florida document number L17000247965 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: WONDER BIN LLC 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) ne name of the new B. If amending the registered agent and/or registered office address on our records, en registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Florida

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 Type of Action Title Name <u>Address</u> \_ 🗆 Add ☐ Remove \_□ Change □ Add ☐ Remove Change □ Add □ Remove \_□ Change \_□ Add ☐ Remove \_□ Change \_□ Add ☐ Remove ☐ Change

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	Signature of a me	ember or authorize	ed representative of	a memoer		

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