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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJ	Name of Limited Liability Company
The e	nclosed Articles of Amendment and fee(s) are submitted for filing.
Please	e return all correspondence concerning this matter to the following:
	Carlton W. Bell. Sr. Name of Person
	CWB Recycling LLC
	119 Cornelia Ct
	OH II 328/1 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For fu	orther information concerning this matter, please call:
	Carlton Wayne Bell Sr. at (407) 484-9203 Name of Person Area Code Daytime Telephone Number
Enclo	sed is a check for the following amount:
₽ \$2	25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee. 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

CWB	Recycling LA	C	
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our imited Liability Company)	records.)	
The Articles of Organization for this Limited Liability Con Florida document number <u>k17000267245</u>	mpany were filed on12	18/17 and assign	ned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company here:		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation	n "LLC" or the abbreviation "L.L.C	
Enter new principal offices address, if applicable:			TAU Mas
(Principal office address MUST BE A STREET ADDRE	<u></u>		
			ASSEE. F
	Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u></u> స్ట్రీ	REF
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		ecords, <u>enter the name of</u>	the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street	address	
	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

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>	Address	Type of Action
ambr	Carlton Wayne BellSr.	119 Cornelia Ct	DP Add
		Ortando [1.32511	Remove
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fan e	tive date, if other than the date of filing: \frac{\int 10/20/k}{\int 0/20/k} (optional) (optional) Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuar	ıt to 605.0	207
<u>Note</u>	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not nent's effective date on the Department of State's records.	be listed	las
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the e 90th day after the record is filed.	earlier	of
Data	January 10, 2018 Contract Mayre Sold Signature of a member or authorized representative of a member		
Date	Outline .		

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Filing Fee: \$25.00