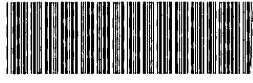
## L18000 123 864

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



80033396765

33.00/10--01016--025

IMPERIMENTAL ....

## **COVER LETTER**

TO: Registration Section Division of Corporations	
$M_{\Lambda} \sim 1$ $M_{\Lambda} \sim 1$	<i>T</i> .
SUBJECT: Marty's Atto Registration Name of Limited Liability Company	ing INC.
Name of Emilied Diability Company	9
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Gary Vertuce Name of Person	
Marty's HAS R	2 cy c ('- g
	ion 29
North Dala Beach City/State and Zip Co	F1 33408
E-mail address: (to be used for future and	ual report notification)
For further information concerning this matter, please call:	
Gary Vertucci ar (56)	629-2333
Name of Person Area Code	Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$30.00 Filing Fee \$ \$55.00 Filing F Certificate of Status Certified Copy (additional copy is	Certificate of Status &
Registration SectionRegisDivision of CorporationsDivisP.O. Box 6327Clifte	CET/COURIER ADDRESS: tration Section ion of Corporations n Building Executive Center Circle

Tallahassee, FL 32301

## TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Marty's 4.	to Recycling I.	
(Name of the Limit	ed Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited L. Florida document numberL_18000		5/14/2018 and as
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name of Marty's Ato Re The new name must be distinguishable and contain the w		
Enter new principal offices address, if applic	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable:		7019 SEP 20
(Mailing address MAY BE A POST OFFICE	<u> </u>	S 75
		光 2:
B. If amending the registered agent and/ registered agent and/or the new registered of	or registered office address of tice address here:	n our records, enter the name
Name of New Registered Agent:		
New Registered Office Address:	Enter Flo	rida 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 comprovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar will accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this doct being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liabil company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agen

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	<u>Type</u>
			R1
			CI
			D Ac
			Rc
			C1
			Δ Λι
			Re
			Cha
			□ Rer
			Cha
			Add
			Ren
			Cha
<del></del>			
			Rem
			Chai

-			
•		· · · · · · · · · · · · · · · · · · ·	
-		<u></u>	
		· <del></del>	
	1012 TRALE		
·	<u> </u>	<del> </del>	
Effective date, if other than the da	te of filing:	(optiona	
fan effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depar	does not meet the applicable st		
ne record specifies a delayed ef	fective date, but not an e	effective time, at 12:01 a.m	on the ea
The 90th day after the record	l is filed.		
Dated September	17. 2019.		I
Sig	nature of a member or authorized r	epresentative of a member	
		/ / V · · ·	
Cr	ary Vertoci Typed or printed name		
	Typed or printed name	of signee	

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

Page 3 of 3

Filing Fee: \$25.00