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(Rec	questor's Name)	
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COVER LETTER

TO:	Registration Se Division of Cor			
aun in		EDEL RECYCLING LLC		
SUBJEC	ul: <u></u>	Name of Lin	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		THAMARA PEREZ		
			Name of Person	
		TABADESA ASSOCIAT	ES INC	
		• •	Firm/Company	
		419 W 49 ST STE 111		
			Address	
		HIALEAH, FL 33012		
			City/State and Zip Code	
		TAMMYP@TABADESA.	COM to be used for future annual report notifi	cation)
For furth	ner information c	oncerning this matter, please c	·	
THAMA	ARA PEREZ		305 558-0622	
	Name o	f Person		Telephone Number
Enclosed	I is a check for th	ne following amount:		
冒 \$ 25.	00 Filing Fec	□ \$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:

TO:

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



OPCION FEDEL RECYCLING 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 Compa	any were filed on 10/25/2018	and assigned
Florida document number L18000251612		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
FEDEL RECYCLING LLC		
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LEC" or	r 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:	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered		enter the name of the new
registered agent and/or the new registered office address h	<u>iere</u> :	
Name of Name Device and Assessed		
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		
	Enter Florida street address	
	Floric	
	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 Title Name Address Type of Action				
MGR = M AMBR = A	trom our records: anager		18 NOV 15 AM P	
Title	<u>Name</u>	<u>Address</u>	PALLATINISIE ALGANT.	Type of Action
				Add
				□ Remove
			· · · · · · · · · · · · · · · · · · ·	Change
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	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effective	date, if other than the date of filing: (optional) ve 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)(1)
	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 's effective date on the Department of State's records.
document	Seriestive date of the Department of State 3 records.
If the record	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
	Oth day after the record is filed.
NI.	2018
Dated	evember 12
	Thomas Ic
	Signature of a member or authorized presentative of a member
	THAMARA PEREZ - President of Tabadesa Associates

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00