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SECRETARY OF STATE FALLAHASSEE, FLORIDA

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COVER LETTER

Division of Co	rporations		
ACTION -	NUTO RECYCLING LLC		•
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please teturn all correspo	ondence concerning this matter	to the following:	
	DAVID RIZZO		
	ACTION AUTO RECYCL	Name of Person LING LLC	
	2266 NW 42ND AVENUI	Firm/Company	
	OKEECHOBEE, FL. 3497	Address	
	accounting@teamactionauto		
For further information c	E-mail address: (concerning this matter, please ca	to be used for fitture annual (epor) notif all:	cation)
DAVID RIZZO		863 247-4770	
Name o	d Person	at () Area Code Daytime	Telephone Number
Enclosed is a cheek for the	he following amount:		
S25.00 Filing Fee	☐ \$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)
MAII.	ING ADDRESS:	STREET/COURIE	ER ADDRESS:

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

TO:

Registration Section

Registration Section Division of Corporations Clifton Building 2001 Executive Center Circle Tallahassee, Ft. 32301

TO ARTICLES OF ORGANIZATION OF

ACTION AUTO 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 Company were filed on 12/26/2018 and assigned Florida document number L19000000099 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) 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 bere: 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 dyties, 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

Page 1 of 3

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2

MGR =	Manager	
AMBR =	Authorized	Member

or removed from our records:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	TERRY BRINK	501 SW TIMBER TRAIL STUART, FL 34997	Add
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06/10/2019			
E. Effective date, if other than the date of filing: (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 600	3 4 3 C 7 S 1 S 1 S 1		
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list	5.0207.45)(b) ted a ≾ ihe :		
document's effective date on the Department of State's records.		9	
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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli	er of:	2	
(b) The 90th day after the record is filed.	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	-	T
	<u> </u>	7	
Dated UNE	70	_E	
1/1/j	8≥		
CAN III	STATE LORIDA	PH 2: 30	
Signature of a member or authorized representative of a member	D		
· //			
DAVID RIZZO			
Typed or printed name of signee			

Page 3 of 3

Filing Fee: \$25.00