## 119000078652

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## **COVER LETTER**

TO: Registration Sect Division of Corpo			;
SUBJECT: RMD	Recycling Name of Lim	And Procession ited Liability Company	g. LLC
The enclosed Articles of Ar	nendment and fee(s) are sub	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
		Diguglielmo Name of Person Clinga Processing Firm/Company	g hic
	<u> </u>	Narkham Way	
	Boca R	aton, FL. 3342 City/State and Zip Code	8
		City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code	
For further information con	cerning this matter, please ea	all:	
MIKE DEFILIPPO	erson	at ( <u>5761</u> ) <u>703 - O</u> Area Code Daytime	23.20 Telephone Number
Enclosed is a check for the	following amount;		
■ \$25.00 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)
Mailing Address:		Street Address:	

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

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RMD Recycling and Processing LLC
(Name of the Limited Liability Company as it now appears on Outrecords)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 3-20.2019 and assigned Florida document number L190000 78652 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 "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) 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 here: Name of New Registered Agent: New Registered Office Address: Enter Florida street 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 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 42858 Markham Way	Type of Action
mgr	Michael J. Defil:ppo	32858 Markham Way Boca Raton Fi 33428	[½/Add
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			□Change
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	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(It an eff	ve date, if other than the date of filing:
he record ord is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	12. Dic 1. Que
	Signatury of a member or authorized representative of a member
	Regina DiGuGlielmo Typed or printed name of signee