Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000224508 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 : (305)444-4994 Phone Fax Number : (305)444-4977

**Enter the email address for this business entity to be used for future; annual report mailings. Enter only one email address please. **

Email Address:__

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MIAMI RECYCLING CENTER LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

JUL 29 2019

A LUNT

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIAMI RECYCLING CENTER LLC		
(Name of the Limited Liability Co	mpany as it now appears on our ited Liability Company)	records,)
The Articles of Organization for this Limited Liability Comp Florids document number L19000118238	any were filed on OS/01/19	and assigned
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	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
	<u> </u>	
		SE T
Enter new mailing address, if applicable:		7371 6
(Mailing address MAY BE A POST OFFICE BOX)		3
registered agent and/or the new registered office address	ed office address on our	records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Eruer Florida str	ect address
		, Florida
	Cliy	Zip Coce
New Registered Agent's Signature, if changing Registered A	Agent:	t with the
provisions of all statutes relative to the proper and con	mplete perjormance of my a	or 605 F.S. Or. if this document is
B. If amending the registered agent and/or registered office address on our recorregistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address: City New Registered Agent's Signature, if shanging Registered Agent: I hereby accept the appointment as registered agent and agree to act in this capacity, provisions of all statutes relative to the proper and complete performance of my dutie, accept the obligations of my position as registered agent as provided for in Chapter 6.	Signature of New Registered Agent	
	Page 1 of 3	

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
MGR	JUAN C PULIDO	19199 NW 13 CT	
		PEMBROKE PINE FL 33029	☐ Remove
			□ Change
	·		
			🗖 Remove
			□ Change
			Add T
<u> </u>			Rangive
			D'Chang
			☐ Add
			□ Remove
			Change
			□ Add
			□ Romov•
			Change
_			
			□ Remove
			□ Change

				-
_				•
				•
-				
-				
_				
	<u> </u>			
_				
_				
				
_	· · · · · · · · · · · · · · · · · · ·	32/3	19	
		127		س
_		<u> </u>	2) ال
			<u></u>	1
_			7	ا سور
		े १५० -23 गुर ू	==	2
_		ंत्रक	5	
_		**		
an e⊞	ve date, if other than the date of filing: (option of the date must be specific and cannot be prior to date of filing or more than 90 days after	filing) Pursum	it to 605.	.0207
ote:	f the dere inserted in this block does not meet the applicable statutory filing requirements, this may effective date on the Department of State's records.	date will not	be liste	xci 85 1
Q G G 11.				
е гес	ord specifies a delayed effective date, but not an effective time, at 12:01 a	i.m. on the	earlie	er of
The	90th day after the record is flied.			
	07/07/2019			
ated.	V (2)			
	On the Distriction of the Control of			