

120 000 195 364

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

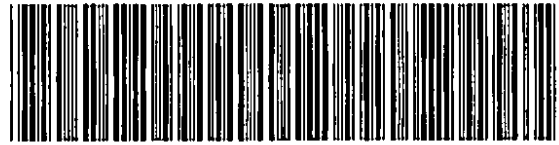
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500382664385

2022 MAR 11 AM 9:10

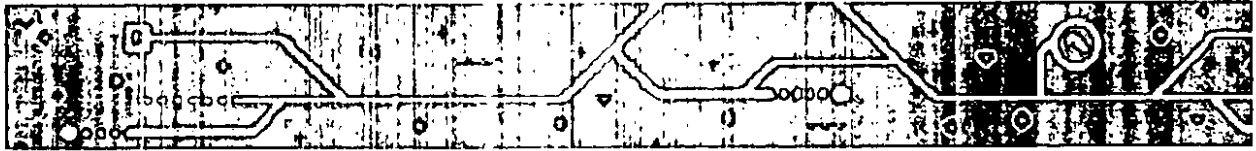
FILED

2022 MAR 11 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FL

A. BUTLER

MAR 22 2022



zenbusiness

Mar 3, 2022

Florida Secretary of State
Division of Corporations
2415 N Monroe St Suite 810
Tallahassee, FL 32303

RE: Florida Intercoastal Reprocessing Educators LLC

To Whom It May Concern:

Attached please find the executed CERTIFICATE OF AMENDMENT for the above referenced. Please review and file the attached document on a routine basis.

Once completed please forward the filed confirmation or notification to the address listed below:

ZenBusiness Inc
Attention: Kelly Castro
5511 Parkerest Dr., Suite 103
Austin Tx 78731

If you have any questions, please feel free to contact me at 844-493-6249 or at fulfillment@zenbusiness.com.

Thank you.

Kelly Castro
ZenBusiness Customer Success

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

Florida Intercoastal Reprocessing Educators LLC

2022 MAR 11 AM 9:10

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 07/31/2020 and assigned
Florida document number 120000195364.

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

_____, 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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Brian M. Reynolds	1566 Southwest Kamchatka Avenue	<input type="checkbox"/> Add
		Port Saint Lucie, FL 34953	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Arlene Bush	P. O. Box	<input type="checkbox"/> Add
		880697	<input checked="" type="checkbox"/> Remove
		Port St. Lucie, FL 34988	<input type="checkbox"/> Change
AMBR	Andrea M. Harris	P. O. Box	<input type="checkbox"/> Add
		880697	<input checked="" type="checkbox"/> Remove
		Port St. Lucie, FL 34988	<input type="checkbox"/> Change
AMBR	Samuel T. Brown	P. O. Box	<input type="checkbox"/> Add
		880697	<input checked="" type="checkbox"/> Remove
		Port St. Lucie, FL 34988	<input type="checkbox"/> Change
AMBR	James E. Jones SR	P. O. Box	<input type="checkbox"/> Add
		880697	<input checked="" type="checkbox"/> Remove
		Port St. Lucie, FL 34988	<input type="checkbox"/> Change
AMBR	Reggie Bailey	P. O. Box	<input type="checkbox"/> Add
		880697	<input checked="" type="checkbox"/> Remove
		Port St. Lucie, FL 34988	<input type="checkbox"/> Change

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

[illegible]

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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated March 3, 2022

/s/ Brian M. Reynolds

Signature of a member or authorized representative of a member

Brian M. Reynolds

Typed or printed name of signee

Filing Fee: \$25.00