LZ1000135949

(Re	equestor's Name))
(Ad	ldress)	<u></u>
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Na	me)
(Do	ocument Number)
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DA APR 19 PM 3: 33

COVER LETTER

TO: Registration Se Division of Cor			
Recharge P		·	•
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Cynthia Tieche		:.
		Name of Person	
	Recharge LLC		
	1-11	Firm/Company	
	2165 SW 80th St		
		Address	
	Ocala, Fl. 3-4476		
		City/State and Zip Code	
	evie.rechargeelinicocala@g		
		to be used for future annual report notif	(ICoffon)
For further information c	oncerning this matter, please c	all: 	
Cynthia Tieche		352 615-8580 at ()	
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	he 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 Addres		Street Address:	vion
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Recharge Plastics LLC

21 APR 19 FH 3: 33

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida 1 imited Liability Company)

The Articles of Organization for this Limited Liability Company	y were filed on $\frac{3/2.37}{2}$	and assigned
Florida document number 1.21000135949		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company ber	:
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the desi	guation "LTC" or the abbreviation "LL.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 agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	7 ''m	, Florida Zip Code
		zipe oue
New Registered Agent's Signature, if changing Registered Agent		
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	e performance of m provided for in Ch	v duties, and I am familiar with and apter 605, F.S. Or, if this document is
HCCo.	anoing Registered Agen	t. 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

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Section 1	11 11 11 11 11	

<u>Title</u>	<u>Name</u>	Address 21 APR 19 PH 3: 33	Type of Action
MGR	LISTLIC	2165 SW 80th St	□Add
		Ocala, Fl. 34476	
			□Change
MGR	LIS Enterprise LLC	2165 SW 80TH ST	■Add
		OCALA, FL. 34476	□Remove
			□Change
			🗀 Add
			□Remove
			🗆 Change
			□Remove
			□Change
<u></u>			
			□Remove
			Change
			🗀 Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary,) 21 APR 19 PM 3: 33 E. Effective date, if other than the date of filing: (04/10/21 (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 ____ Cynthia Tieche Typed or printed name of signee

Filing Fee: \$25.00