L21000135444

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PłCK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
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SECULE WHY 30 PM 4: 17

A. BUTLER APR 1 8 2022

COVER LETTER

	ion Section of Corporations
	arge Plastics LLC
	Name of Limited Liability Company
The enclosed Arti	les of Amendment and fee(s) are submitted for filing.
Please return all c	rrespondence concerning this matter to the following:
	Cynthia Tieche
	Name of Person
	Recharge Plastics
	Firm/Company
	47 SW 17th Street
	Address
	Ocala, F1. 34471
	City/State and Zip Code
	evie.rechargeclinicocala@gmail.com
m	E-mail address: (to be used for future annual report notification)
For further inform	tion concerning this matter, please call:
Cynthia Tieche	352 512-9996 at ()
וֹ	ame of Person Area Code Daytime Telephone Number
Enclosed is a check	for the following amount:
□ \$25.00 Filing	ee ■ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Division P.O. Bo	ion Section Registration Section of Corporations Division of Corporations

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF FILED

Recharge Plastics LLC

S LLC 2022 HAR 30 PH 4: 17
(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited	Liability Company) SECRETARY OF STATE
The Articles of Organization for this Limited Liability Company	Liability Company) SECRETARY OF STATE TALLAHASSEE, FL and assigned
Florida document number L21000135949	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	809 Hwy 466 C-303
(Principal office address MUST BE A STREET ADDRESS)	Lady Lake, Fl. 32159
Enter new mailing address, if applicable:	47 SW 17th Street
(Mailing address MAY BE A POST OFFICE BOX)	Ocala, Fl 34471
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
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 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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<u>Title</u>	Name	Address	Type of Action
			□Add
			□ Remove
			□Change
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	01/27/2	22		
Effective date, if other than the fan effective date is listed, the date m	ie date of filing:		(optional te than 90 days after filin	l) g.) Pursuant to 605.02:
Note: If the date inserted in this I document's effective date on the	block does not meet the a	pplicable statutory filing	requirements, this da	e will not be listed
account of the three date on the	separation of state a rec	orus.		
record specifies a delayed effect	ive date, but not an effect	ive time, at 12:01 a.m. or	the earlier of: (b)	The 90th day after th
d is filed.	,	, VI		your day unter th
01/21	2022			
Dated		·		
	And			
	\%\ ^`			
	Signature of a member or	authorized representative o	f a member	



RECEIVED

2022 MAR 30 AH 10: 39

Letter Number: 622A00004195

FLORIDA DEPARTMENT OF STATE Division of Corporations TALLAHASSEE, FL

February 21, 2022

CYNTHIA TIECHE 47 SW 17TH STREET OCALA, FL 34471

SUBJECT: RECHARGE PLASTICS LLC

Ref. Number: L21000135949

We have received your document for , however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

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