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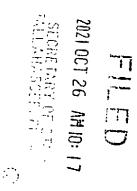
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COVER LETTER

	legistration S Division of Co			
SUBJECT		NG ARICER LLC	•	.
SOBALC:	r:	Name of Lin	nited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
		ondence concerning this matter	_	
		Javier E Guzman Velasco		
			Name of Person	
		RECYCLING ARICER L	LC	
			Firm/Company	
		19370 COLLINS AVE 10	14	
			Address	
		SUNNY ISLES BEACH,	FL 33160	
			City/State and Zip Code	
		USTUEMPRESA@GMAII		
			to be used for future annual report no	tification
For further	information c	oncerning this matter, please c	all:	
Javier E G	uzman Velasc	0	786 3400372 at()	
	Name o	f Person		ne Telephone Number
Enclosed is	a check for th	ne 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)
	ailing Addres egistration S		<u>Street Address:</u> Registration Se	ection
	ivision of C		Division of Co	rporations
	O. Box 632 illahassee, f		The Centre of 2415 N. Monre	Fallahassee oc Street, Suite 810
			±±±3 (N. DIUIII)	re outeer oute old

Tallahassee, FL 32303

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 OCT 26 AM 10: 17

RECYCLING ARICER LLC		SECRETARY OF CALL
(Name of the Limited Liz (A Flo	ability Company as it now appears on o orida Limited Liability Company)	ur records LE AHASSEE. FLOS
The Articles of Organization for this Limited Liabilities Florida document number 1.21000450071		21 and assigned
This amendment is submitted to amend the following	<u>g</u> ;	
A. If amending name, enter the new name of the	limited liability company here:	
NA		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicables	NA NA	
(Principal office address MUST BE A STREET AL	ODRESS)	
Enter new mailing address, if applicable:	NA	
(Mailing address MAY BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or regist agent and/or the new registered office address he Name of New Registered Agent:	<u>re</u> :	ls, <u>enter the name of the new register</u>
•		
New Registered Office Address:	Enter Florida sti	vet 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	DAYHANA DIAZ CARMONA	19370 COLLINS AVE, APT 1014	■Add
		SUNNY ISLES BEACH, FL 33160	——————————————————————————————————————
			□Change
NA	NA	NA	
			□Remove
NA	NA	NA	□Add
			□Remove
			□Change
NA ———	NA	NA	□Add
			□Remove
			□Change
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	NI A			
Effective date, if other than the date of an effective date is listed, the date must be s	e of filing: NA		(optional)	
Note: If the date inserted in this block of	specific and cannot be prior does not meet the appli-	r to date of filing or more cable statutory filing r	than 90 days after filing equirements, this date	.) Pursuant to 605,0207 (will not be listed as t
document's effective date on the Depart	tment of State's records		,	
record specifies a delayed effective dat d is filed.	te, but not an effective t	ime, at 12:01 a.m. on	the earlier of: (b) Th	ie 90th day after the
d is filed.				
OCTOBER 19TH	2()2)			
Dated OCTOBER 19TH	·	·		
	<u> </u>	Cuzuan		
	Takini	' '7		
Sign	JaViek ature of a member or auth	OUZMAN orized representative of	a member	
Sign JAVIER E GUZMAN VELA	Javier nature of a member or auth	orized representative of	a member	