12/14/21, 6:01 PM

Division of Corporations

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From:

Account Name : EAVENSON, FRASER & LUNSFORD, PLLC

Account Number : I20140000035 Phone : (904)567-1162 Fax Number : (904)567-1065

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

Email Address: sarah@efli.law

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NORTH CAROLINA ORGANICS RECYCLING, LLC

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Help

To: 18506176383 From: 19047196848 Date: 12/16/21 Time: 9:33 PM Page: 03/05

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NORTH CAROLINA ORGANICS RECYCLING, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on December 02, 2021 and assigned Florida document number <u>1.21000511785</u> 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 "LLC" 13761 AIRPORT ROAD, UNIT 103, MAXTON, NC 28364 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 _

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.

City

If Changing Registered Agent, Signature of New Registered Agent

To: 18506176383 From: 19047196848 Date: 12/16/21 Time: 9:33 PM Page: 04/05

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
		 -	□ Add
			[]Remove
			□ Change
			□ Add
			□Remove
			Change
			□Add
			□Remove
			☐ Change
			
			□Remove
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			[]Change
			🗆 Add
			□Remove
			□Change

• To: 18506176383 From: 19047196848 Date: 12/16/21 Time: 9:33 PM Page: 05/05

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)			
(If an c Note	tive date, if other than the date of filing:	ststelliste	ed_as th	3λ(b) he
If the record is	ment's effective date on the Department of State's records ord specifies a delayed effective date, but not an effective time, at 12.01 a.m. on the earlier of. (b) The 90th filed.	AHASSEE.		FILED
Dated	December 14 2021	F STATE FLORIDA	PM 3: 30	
	/s/ Fred P. Mussari	→	0	
	Signature of a member or authorized representative of a member			
	Fred P. Mussari, Manager of 783 FM, LLC Typed or printed name of signee			

Filing Fee: \$25.00