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22 APR -5 PM 3=46

T. MATTHEWS APR 18 2022

## **COVER LETTER**

	ion Section of Corporations		
	THCOAST RECYCLING HOLI	DINGS, LLC	
SUBJECT:	Name of	Limited Liability Company	
The enclosed Artic	les of Amendment and fee(s) are	submitted for filing.	
Please return all co	rrespondence concerning this ma	utter to the following:	
	CONNER R. KEMPE	ESQ.	
	<del></del>	Name of Person	
	JOSEPH C. KEMPE,	P.A.	
		Firm/Company	
	941 N HIGHWAY AT	A	
		Address	<del></del>
	JUPITER, FL 33477		
	TAMI@KEMPELAW,	City/State and Zip Code COM ss: (to be used for future annual report not	tification)
For further informa	ntion concerning this matter, plea	se call:	
LEWIS CARLYL	E MCKINNEY	205 790-4503 at ( )	
ì	Name of Person		ne Telephone Number
Enclosed is a check	k for the following amount:		
\$25.00 Filing	Fce ☐ \$30.00 Filing Fee & Certificate of Statu	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	11 \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing A		Street Address:	antia a
-	ition Section of Corporations	Registration Se Division of Co	
P.O. Bo		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, Fl. 32314

## ARTICLES OF AMENDMENT TO SECRETARY OF STATE ARTICLES OF ORGANIZATION OF CORPORATIONS OF 22 APR -5 PM 3-46

SOUTHCOA	STRECYCL	TNG HOLDINGS	$\Box \Box C$

company has been notified in writing of this change.

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

γ.	t t karada tamined	manning Company)		
The Articles of Organization for this Limited Liab Florida document number 1.22000115488	bility Company	were filed on Ma	ARCH 7, 2022	and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liab	ility company he	ere:	
The new name must be distinguishable and contain the wor	ds "Limited Liabi	lity Company," the d	esignation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applical	ole:	1141 OLD OKI	EECHOBEE ROAD	
(Principal office address MUST BE A STREET		WEST PALM I	BEACH, FL 33401	
Enter new mailing address, if applicable:		1141 OLD OKI	EECHOBEE ROAD	
(Mailing address MAY BE A POST OFFICE BOX)		WEST PALM I	BEACH, FL 33401	
B. If amending the registered agent and/or regagent and/or the new registered office address  Name of New Registered Agent:	here:	address on our r		of the new registere
New Registered Office Address:	1141 OLD OK	EECHOBEE ROA	D	
New Registered Office Address.		Enter Flor	ida street address	
	WEST PALM	ВЕАСН	, Florida 334	01
		City		Zip Code
New Registered Agent's Signature, if changing Re	gistered Agent:			
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist- being filed to merely reflect a change in the re	and complete ered agent as a	performance of provided for in C	my duties, and I am fo Chapter 605, F.S. Or, i	miliar with and If this document is

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>	Address	Type of Action
MGR	LEWIS CARLYLE MCKINNEY	1141 OLD OKEECHOBEE ROAD	<b>≣</b> Add
		WEST PALM BEACH, FL 33401	□Remove
			□Change
MGR	MCKINNEY, LYLE	321 MONCEAUX ROAD	□Add
		WEST PALM BEACH, FL 33455	■Remove
			□Change
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Signature of a member of authorized representative of a member		
		Signature of a member of authorized representative of a member
LYLE MCKINNEY		
		Typed or printed name of signee

Filing Fee: \$25.00