h22000232936

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SECRETARY OF STATE AND ASSECTED

7022 JUL 26 PM 12: 58

COVER LETTER

Registration Section

Division of Corporations

TO:

	RECYCLING, LLC					
SUBJECT:	Name of Lin	nited Liability Company	 			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	ALEXANDRA LOZANO					
		Name of Person				
		Firm/Company				
	8305 W ATLANTIC BLV					
	CORAL SPRINGS, FL 33	Address				
		City/State and Zip Code				
	maxi8317@aol.com E-mail address: (to be used for future annual report not	ification)			
For further information c	oncerning this matter, please c	all:				
ALEXANDRA LOZAN		954 224-2348 at ()				
Name o	f Person	Area Code Daytin	ne 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 Address: Registration Section Division of Corporations P.O. Box 6327		Street Address: Registration Se Division of Co The Centre of T	rporations Fallahassee			
Tallahassee, i	FL 32314	2415 N. Monro	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2022 JUL 26 PM 12: 58

RECNAR 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 Compa	any were filed on 05/18/2022	and regioned			
Florida document number L22000232836	my were med on	and assigned			
Horida document number					
This amendment is submitted to amend the following:					
A. If amending name, <u>enter the new name of the limited l</u>	iability company here:				
he new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" o	r the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:		<u></u>			
Principal office address MUST BE A STREET ADDRESS,					
Enter new mailing address, if applicable:					
Mailing address MAY BE A POST OFFICE BOX)					
		641			
B. If amending the registered agent and/or registered offingent and/or the new registered office address here:	ce address on our records, <u>enter th</u>	e name of the new registe			
<u> </u>					
Name of New Registered Agent:					
N D	•				
New Registered Office Address:	Enter Florida street address				
	, Fiori	da 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	RAFAEL H NARANJO PEREZ	5630 SW 25TH ST	□ Add
		WEST PARK, FL 33023	
AMBR	MARTA C GARCIA LEON	5630 SW 25TH ST	
		WEST PARK, FL 33023	□Remove
			■ Change
AMBR	JHON J NARANJO GARCIA	5630 SW 25TH ST	
		WEST PARK, FL 33023	□Remove
AMBR	GRACE NARANJO GARCIA	5630 SW 25TH ST	□Add
		WEST PARK, FL 33023	□Remove
			■ Change
		 	□ Add
			□Remove
			Change
			□Remove
			□Change

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