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From:

Account Name : POTENCIANO CPA LLC

Account Number : I20230000170 Phone : (407)413-2411

Fax Number : (407)641-9288

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FOURCYCLE - CONSTRUCTION AND DEMOLITION WASTE RECOVE

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June 20, 2024

## FLORIDA DEPARTMENT OF STATE

FOURCYCLE - CONSTRUCTION AND DEMOLITION WASTE RECOVER L 6965 PIAZZA GRANDE AVE STE 307
ORLANDO, FL 32835

SUBJECT: FOURCYCLE - CONSTRUCTION AND DEMOLITION WASTE RECOVER LLC REF: L2300308644

If it

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

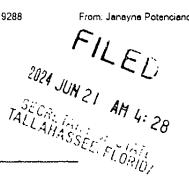
The document number of the name conflict is L01000022449 "MANDARIN HOLDINGS, L.L.C.".

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) 245-6051.

Karen A Saly Regulatory Specialist II FAX Aud. #: H24000213612 Letter Number: 424A00013445 ·.•

## ARTICLES OF AMENDMENT TO



ARTICLES OF ORGANIZATION OF 11 1 . O. 1 FOURCYCLE - CONSTRUCTION AND DEMOLITION WASTE RECOVER 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 \_\_\_\_\_\_\_06/27/2023 \_\_\_\_\_ and assigned Florida document number L23000308644 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MANDARIN HOLDING USA LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" 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 Fiorala street address \_, Florida \_\_ City

## 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 om 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 hability company has been notified in writing of this change.

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

Title	Name	Address	Type of Action
AMBR	KUNZLER SLAPAK, JOAO V	6965 PIAZZA GRANDE AVE	<b>≅</b> Add
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F. Effective date, if other than t (If an effective date is listed, the date is Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory	(optional) g or more than 90 days after filing.) Pursuant to 605.02 filing requirements, this date will not be listed	207 (3)(1 as the
if the record specifies a delayed effect record is filed.	tive date, but not an effective time, at 12:01	a.m. on the earlier of: (b) The 90th day after the	he
Dated JUNE 14	2024		
· · · · · · · · · · · · · · · · · · ·	Signature of a member or authorized representation of a member of authorized representation of signature of s	ntative of a member	
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