Division of Corporations

Florida Department of State

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Division of Corporations

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From:

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Account Number : I20000000206

: (904)357-3660

Fax Number

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

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bshaffer@milamhoward.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KENZIE RECYCLING, LLC

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KENZIE RECYCLING, LLC			
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our reco liability Company)	rds.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000429047</u> .	were filed on 9/14/2023	and assigned	
This amendment is submitted to amend the following:	!		
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LL	.C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		<u>. </u>	
(Principal office address MUST BE A STREET ADDRESS)	!		
		- c	
	1		
Enter new mailing address, if applicable:		•	
(Mailing address MAY BE A POST OFFICE BOX)			
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B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress onjour records, <u>ente</u>	er the name of the new registere	
	!		
Name of New Registered Agent:	1		
New Registered Office Address:	,		
New Registered Office Address.	Enter Florida street address		
	. 1	lorida	
	Cuy	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	ı		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, (provided for in Chapter 605	and I am familiar with and ;; F.S. Or, if this document is	
If Chan	ging Registered Agent, Signature	of New Registered Agent	

12/13/2023 02:12 PM TO:18506176383 FROM:9043573651 Page: 3

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
S	SAMANTHA TAYLOR	126 S PRAIRIE LAKES DRIVE	≣Add
		ST AUGUSTINE. FL 32084	□Remove
			☐ Change
			□Add
			Remove
			Change
			□Add
			□Remove
			Change
			□Add
			Remove
			Change
			□Add
			□Remove
			□Change

Filing Fee: \$25.00

Typed or printed name of signee