LZ3000 H72 H57

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COVER LETTER

	of Corporations		
Mac SUBJECT:	J Recyclist L.L.C.		
30131,C.11	Name of Limited Liability Company		
The enclosed Art	ucles of Amendment and fee(s) are submitted for filling.		
Please return all o	correspondence concerning this matter to the following:		
	Steg August Anderson		
	Name of Person		
	MAD RECYCLIST LLC		
	4716 Crossway Court		
	Address		
	Tallahassee, Florida32305		
	City/State and Zip Code		
	andersonsteg333@gmail.com E-mail address: (to be used for future annual report notification)	E 338	3N ? .
For further inforr	nation concerning this matter, please call.	ALLA	61 130 touc
Steg Anderson	850 321-2584 at ()		
	Name of Person Area Code Daytime Telephone Number		7) 13 13 15
Enclosed is a che	ck for the following amount:		 ယ လ
■ \$25.00 Filing	Fee \$\Bigsquare \\$30.00 \text{ Filing Fee & \$\Bigsquare \}\ \text{S55.00 Filing Fee & \$\Bigsquare \}\ \text{Certified Copy} \ \text{(additional copy is enclosed)} \text{Certified Copy} \\ \text{Tadditional copy is enclosed)}		

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAD RECYSLIS,T LLC			
(Name of the Limited Liability Compa (A Florida Limited	inv as it now appears on our recoi Liability Company)	<u>rd</u> 1.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000472457</u> .	were filed on Oct., 13,2023	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
Mad Recyclist LLC			
The new name must be distinguishable and contain the words "Limited Liabi	hty Company," the designation "LL	.C" or the abbreviation "L.I. C."	
Enter new principal offices address, if applicable:	4716 Crossway Court		
(Principal office address MUST BE A STREET ADDRESS)	Tallahassee, Florida 32305		
		<u> </u>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		; :T	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ente</u>	r the name of the new registere	
agent and/or the new registered ornee address here:		·	
Name of New Registered Agent:			
ranic of New Negistered Agent.			
New Registered Office Address:	Enter Florida street addr		
-		lorida	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete			
accept the obligations of my position as registered agent as	provided for in Chapter 603.	, F.S. Or, if this document is	
being filed to merely reflect a change in the registered office	address, I hereby confirm to	hat the limited liability	

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

2023 OCT 19 PH 2: 32

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			☐ Change
			🗆 Add
			□Remove
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