L2500007402

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TALLAHASSEE, FL

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COVER LETTER

TO: Registration S Division of Co			
S&R REC	CYCLING AND DEMOLITION	S. LLC	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	CASEY		
		Name of Person	•
	S&R RECYCLING AND	DEMOLITION, LLC	
		Firm/Company	-
	12771 DOGWOOD HILL	.DR	
		Address	•
	JACKSONVILLE, FL 322	223	
		City/State and Zip Code	
		AOLITION@GMAIL.COM (to be used for future annual report notification)	
For further information	concerning this matter, please e	·	
SCOTT	ectively, preuse c	904 776-8461	
Name	of Person	at ()	
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	te of Status &
Mailing Addre Registration Division of 0 P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 8 Tallahassee, FL 32303	10

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

FILED

SAK KECTULING AND DEMOLITION LLU	CLING AND DEMOLITION LLC	
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(Name of the Limited Liability Company as it now appears on our records.) M []: []

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The Articles of Organization for this Limited Liability Company Florida document number 125000007402	were filed on TALLAHASSEE, FL and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
serrecycling LLC S+A Reliable e	enterprises UC
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	12771 DOGWOOD HILL DR
(Principal office address MUST BE A STREET ADDRESS)	JACKSONVILLE, FL 32223
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□ Remove
			☐ Change
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in effective date is listed, the date mu	doubt dunce not mouse that	applicable statutory f	iling requirements, t	his date will not be listed
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on effective date is listed, the date manager of the date inserted in this becament's effective date on the I	Department of State's re	cords.		
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Filing Fee: \$25.00