

LOS000116335

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(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HANDEX CONSULTING & REMEDIATION, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KAREN M. BROWN
Name of Person
SWANN HADLEY STUMP DIETRICH & SPEARS P.A.
Firm/Company
200 EAST NEW ENGLAND AVENUE, SUITE 200
Address
WINTER PARK, FLORIDA 32789
City/State and Zip Code
kbrown@swannhadley.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KAREN M. BROWN at (407) 647-2777
Name of Person Area Code Daytime Telephone Number

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TALLAHASSEE, FLORIDA
STATE SECRETARY OF STATE

Enclosed is a check for the 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
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

HANDEX CONSULTING & REMEDIATION, 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 12/5/2005 and assigned Florida document number 1.05000116335.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2211 LEE ROAD

SUITE 110

WINTER PARK, FL 32789

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2211 LEE ROAD

SUITE 110

WINTER PARK, FL 32789

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 Florida street address

_____, Florida

City

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 Changing Registered Agent, Signature of New Registered Agent

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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>	<u>Address</u>	<u>Type of Action</u>
MGR	MICHAEL THOMAS		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BOB CASE		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRV	STEPHEN F. FOREMAN	2211 LEE ROAD	<input checked="" type="checkbox"/> Add
		SUITE 110	<input type="checkbox"/> Remove
		WINTER PARK, FL 32789	<input type="checkbox"/> Change
MGR	DOUGLAS C. FOREMAN	2211 LEE ROAD	<input checked="" type="checkbox"/> Add
		SUITE 110	<input type="checkbox"/> Remove
		WINTER PARK, FL 32789	<input type="checkbox"/> Change
CFOVS	MARK COLEMAN	2211 LEE ROAD	<input checked="" type="checkbox"/> Add
		SUITE 110	<input type="checkbox"/> Remove
		WINTER PARK, FL 32789	<input type="checkbox"/> Change
MGRP	ANDY SHOULDERS	2211 LEE ROAD	<input checked="" type="checkbox"/> Add
		SUITE 110	<input type="checkbox"/> Remove
		WINTER PARK, FL 32789	<input type="checkbox"/> Change

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 IN AND FOR
 THE COUNTY OF
 ALACHUA, FLORIDA

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

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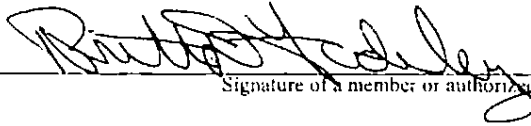
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated October 17 2018


Signature of a member or authorized representative of a member

BRETT D. FADELEY
Typed or printed name of signee