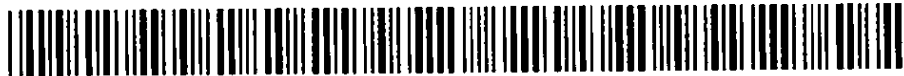


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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Fax Number : (950) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000006023
Phone : (614) 280-3336
Fax Number : (954) 208-0845

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
OMNI WASTE OF OSCEOLA COUNTY LLC

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Estimated Charge	\$55.00

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K SALY

JUN 11 2018

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

FILED
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SEAL OF THE STATE
OF FLORIDA

Omni Waste of Osceola County, 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 12/07/2007 and assigned
Florida document number L07900121782.

This amendment is submitted to amend the following:

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

Waste Connections of Osceola County, LLC

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)

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 Florida street address

City, Florida 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

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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Dated June 1 2013

[Signature]
representative of a member

Signature of a member or authorized representative of a member

Patrick J. Shea, Senior Vice President, General Counsel & Secretary

Typed or printed name of signer