

(Re	questor's Name)	<del></del>
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	<del>=</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	-1~-
4	XTU	

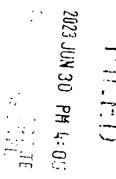
Office Use Only



600405177286

03/24/23--01003--008 \*\*25.00

7/12/23 VLN



## COVER LETTER

Division of Corpora	tions			
SUBJECT: Zid	er Environ	nment-al	Senice	S, LLC
The enclosed Articles of Ame	ndment and fee(s) are su	bmitted for filing.		
Please return all corresponden	ce concerning this matte	r to the following:		
-	<u>C</u>	Name of Person	Lec	
_		Name of Person  Rich/Company		
_		Address		
_		Beach, Fo		67
	Marissa	City/State and Zip Code  (to be used for future annual re	gmai	
For further information concer	ming this matter, please	call:		
Marie of Pers	<u> </u>	at (321)	Daytime Telephon	388 ne Number
Enclosed is a check for the follows \$25.00 Filing Fee	lowing amount:	□ \$55.00 Filing Fee &		op NA \$60.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclo	osed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Secti	on	Street Ado Registrat	dress:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

**Registration Section** 

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

(Name of the Limited Liability Compar (A Florida Limited L	lal Services, LLC
(Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company  Florida document number	were filed on $6/21/2018$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	, LLC
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	(0385 A5th Street Ven Beach, FL 32967
(Principal office address MUST BE A STREET ADDRESS)	Ven Beach, FL 32967
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	UBSS 95th Street Ven Beach, FL 32967
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	ddress on our records, enter the name of the new registered
New Registered Office Address:	ω ····································
	Enter Florida street address , Florida
	City Zip Coile
New Registered Agent's Signature, if changing Registered Agent:	m C.

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

Cluy An Marie La Robert

M

we are not amending? or removed from our records: MGR = Manager AMBR = Authorized Member Type of Action Address Title Name \_\_\_\_\_\_ \\_\_\_Add □Remove \_\_\_\_ □Remove \_\_\_\_\_ 🗀 Add □Remove \_\_\_ Change □Add \_\_\_ □Change \_\_ 🗆 Add □Remove □Change □Add 

\_\_\_ □Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

_	
_	
_	
_	
_	
_	
_	
an effec i <b>ote:</b> If	re date, if other than the date of filing:
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 d.
ated _	(0/1/23
	Signature of a member or authorized representative of a member
	Marioa Orler

Filing Fee: \$25.00