

MOS 00000/025

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000225328 3)))



H140002253283ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : PETERSON & MYERS PA
Account Number : I20080000078
Phone : (863) 676-7611
Fax Number : (863) 455-1317

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

Email Address: _____

FILED
2014 SEP 25 PM 12:00
TALLAHASSEE, FLORIDA

FILED

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BIOSOLIDS DISTRIBUTION SERVICES LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

SEP 26 2014

A. LUNT

RECEIVED

14 SEP 25 AM 11:09

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

H14 000 225328 3

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANACT BUSINESS IN FLORIDA

SECTION I (1-3 must be completed)

- 1. Name of limited liability Company as it appears on the records of the Florida Department of State: Biosolids Distribution Services LLC
- 2. Jurisdiction of its organization: Minnesota
- 3. Date authorized to do business in Florida: 02/24/2005

SECTION II (4-7 complete only the applicable changes)

- 4. New name of the limited liability company: n/a
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

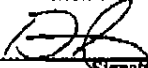
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

- 5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: n/a

- 6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: remove managing member Thomas M. Anderson and add managing member

Daniel Anderson, 320 Tower St. Somerset, WI 54025

- 7. Attached is an original certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of the authorized representative

Daniel Anderson
Typed or printed name of signer

Filing Fee: \$25.00

FILED
2014 SEP 25 PM 12:00
STATE OF FLORIDA
DEPARTMENT OF REVENUE

H14 000 225328 3