B00000000327

| . (1 | Requestor's Name) | |
|----------------------|-------------------------|--|
| (/ | Address) | |
| (, | Address) | |
| (0 | City/State/Zip/Phone #) | |
| PICK-UP | ☐ WAIT ☐ MAIL | |
| (| Business Entity Name) | |
| (Document Number) | | |
| Certified Copies | Certificates of Status | |
| Special Instructions | to Filing Officer: | |
| | | |
| | | |
| | · | |





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05/09/16--01014--029 **52.50

THE HAY OF STATE ASSEEL FLORIDA

MAY 1 2 2016

SUPPREM

COVER LETTER

| TO: Registration Section Division of Corporations | | | | |
|--|--|--|--|--|
| SUBJECT: B0000000327 | | | | |
| | Partnership or Limited Liability Limited Partnership | | | |
| The enclosed amendment and fee(s) are sub | mitted for filing. | | | |
| Please return all correspondence concerning this matter to: | | | | |
| Brenda L Mejia | | | | |
| Contact Person | | | | |
| ATI, Inc. | | | | |
| Firm/Company | | | | |
| 1492 Mariner Blvd | | | | |
| Address | | | | |
| Spring Hill, FL 34609 | | | | |
| City, State and Zip Code | | | | |
| brenda@atitaxes.com | | | | |
| E-mail address: (to be used for future annual report notification) | | | | |
| For further information concerning this matter, please call: | | | | |
| Brenda L Mejia | _{at} (352 \ 686-2393 | | | |
| Name of Contact Person | Area Code and Daytime Telephone Number | | | |
| Enclosed is a check for the following amou | nt: | | | |
| \$52.50 Filing Fee and Certificate of Status | \$105.00 Filing Fee and Certified Copy Certificate of Status | | | |
| STREET ADDRESS: MAILING ADDRESS: | | | | |
| Registration Section | Registration Section | | | |
| Division of Corporations Clifton Building | Division of Corporations P. O. Box 6327 | | | |
| 2661 Executive Center Circle | Tallahassee, FL 32314 | | | |
| Tallahassee, FL 32301 | | | | |

AMENDMENT TO CERTIFICATE OF AUTHORITY FOR FOREIGN LIMITED PARTNERSHIP OR

| FOREIGN L | IMITED PARTNERSHIP OR | 75至 7 二 |
|---|---|-----------------------------|
| LIMITED LIABI | LITY LIMITED PARTNERSHIP | |
| The name of the limited partnership or lim the Florida Department of State is: Gateway Rolloff Services, LP | ited liability limited partnership as it appea | rs-op the records |
| 2. Document Number of Foreign Limited Par | tnership or Limited Liability Limited Partne | ership: <u>B00000000327</u> |
| 2. The jurisdiction of its formation is: Nevada | | |
| 3. The date the entity was authorized to trans | act business in Florida is: 10/27/2000 | |
| 4. If the amendment changes the name of the the new name: N/A | limited partnership or limited liability limi | ted partnership, enter |
| Acceptable Limited Partnership suffixes: Lin Acceptable Limited Liability Limited Partner. LLLP. | 4 | |
| If the amendment changes the general part Name: | mer(s), list the name and business address o <u>Business Address:</u> | f each general partner |
| National Waste Management Holdings, Inc. | 5920 No Florida Avenu | ■Add |
| | Hernando, FL 34442 | ☐Remove ☐Change |
| National Waste Managment, Inc. | 3032 S. Peninsula Drive | Add |
| | Daytona Beach Shores, FL 32118 | ■Remove □ Change |
| PDA Management Corp. | 14632 Canapy Drive | ∏Add |
| | Tampa, FL 33626 | ■Remove ——Change |
| | | Add |
| | | ☐Remove ☐Change |
| | | Add |
| | | Remove Change |
| | | Add |
| | | Remove |

| 6. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: N/A |
|--|
| 7. If the amendment corrects any false statement listed in the application, indicate the statement being corrected and the correction: |
| N/A |
| |
| |
| |
| |
| 8. If the amendment is to add or delete an election to be a limited liability limited partnership statement, check the appropriate box: |
| The entity elects to be a limited liability limited partnership. |
| The entity is no longer a limited liability limited partnership. |
| 9. Attached is an original certificate, no more than 90 days olds, 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. |
| 10. Effective date, if other than the date of filing: (Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.) |
| Signature of a general partner: |
| Typed or printed name: Charles W. Teelon Paul 5 Simor |
| Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75 |

FILED
2018 MAY-9 P 3: 38