

L06000048927

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800300533698

05/28/17--01012--025 *\$25.00

2017 JUN 26 PM 4:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA
FILED

K. SALY
JUN 28 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EARTH TECH ENVIRONMENTAL 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:

DONN BROWN
Name of Person
EARTH TECH ENVIRONMENTAL LLC
Firm/Company
1455 RAIL HEAD BLVD STE 8
Address
NAPLES FL 34110
City/State and Zip Code
donnb@eteflorida.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donn Brown at (239) 304-0030
Name of Person Area Code Daytime Telephone Number

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**

EARTH TECH ENVIRONMENTAL LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2017 JUN 26 PM 4:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 05/11/2006 and assigned
Florida document number L06000048927.

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)

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

_____, **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

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	DONN BROWN	309 TURNBURY WAY	<input type="checkbox"/> Add
		NAPLES FL 34110	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	CHRISTOPHER STEPHENS	19184 MURCOTT DRIVE EAST	<input type="checkbox"/> Add
		FORT MYERS, FL 33967	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	JEREMY STERK	614 111th AVE NORTH	<input type="checkbox"/> Add
		NAPLES FL 34110	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 2017 JUN 26 PM 4:39
 FILED

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

Multiple horizontal lines for amending information.

FILED
2017 JUN 26 PM 4:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


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 JUNE 21 2017



Signature of a member or authorized representative of a member

DONN BROWN

Typed or printed name of signee