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(Requestor's Name)				
(Address)				
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(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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EXAMINER



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COVER LETTER

Division of Cor	porations					
SUBJECT: Outdoo	r Environmental Ser	vices. LLC	8			
SUBJECT:		ited Liability Company)				
•						
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ndence concerning this matter	to the following:				
Brian M Moss						
	(Name of Person)					
Outdoor Environmental Services, LLC						
(Firm/Company)						
	5	786 Elizabeth Ann Way				
(Address)						
	Fort Myers, FL 33912					
	(City/State and Zip Code)					
For further information c	oncerning this matter, please c	all:				
Brian M Moss		at (_239_ ₎ 415-2732				
(Name o	of Person)	(Area Code & Daytime Telephone Number)				
Enclosed is a check for the	e 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

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

		tal Services, LLC			
(Name of the Limited	I Liability Compa A Florida Limited I	ny as it now appears on our rec o Liability Company)	ords.)		
The Articles of Organization for this Limited L	iability Company	were filed on September 8th,	2006 and ass	signed	
Florida document number <u>L06000088723</u>					
This amendment is submitted to amend the following	lowing:				
A. If amending name, enter the new name of	f the limited liab	ility company here:			
The new name must be distinguishable and end wi "L.L.C."	th the words "Limi	ited Liability Company," the desig	gnation "LLC" or the	abbreviation	
Enter new principal offices address, if applie	5786 Elizabeth Ann Way		D.		
(Principal office address MUST BE A STREET ADDRESS)		Fort Myers, FL 33912)9 H	033	
			AR	38	
			-2		
Enter new mailing address, if applicable:		<u>_</u>	755		
(Mailing address MAY BE A POST OFFICE					
			145		
				يتمير	
B. If amending the registered agent and/ registered agent and/or the new registered o			enter the name of	of the new	
Name of New Registered Agent:	Brian M Moss				
New Registered Office Address:	5786 Elizabet	h Ann Way			
		(Enter Florida street address)			
	Fort Myers	, Flo	orida <u>33912</u>		
		(City)	(Zip Coa	le)	

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 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the Amited liability company has been notified in writing of this change.

(If Changing Registered Agent, Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Title **Address Type of Action** Name MGRM J. Mark Kulo 3475 25TH AVE SW Add ■ Remove NAPLES FL 34117 ☐ Add Remove Add Add Remove Remove ſ**T** Add ☐ Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated February 27th Signature of a member or authorized representative of a member **Brian M Moss** Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00