L06000106368

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





700280863237

01/25/16--01006--023 **25.00

ZIIB JAN 25 PH 4: 10

JAM 26 2016 J. HARRIS

COVER LETTER

TO: Registration Sec Division of Corp			
·	2. 1.,		
SUBJECT:	Diowaste LL	ted Liability Company	
	Name of Lim	ted Elabinty Company	
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspor	ndence concerning this matter t	o the following:	
	Dorg	Name of Person	
		vaste LLC Firm/Company	
	1869 5 w	Belleve A	ve.
	Port Sa Biognosta	City/State and Zip Code Transport De//State and Sport De//State and Sport De//State and Sport De//State and Sport Notific Code and Sport	1. 34953
	E-mail address: (t	o be used for future annual report notifi	cation)
For further information co	ncerning this matter, please ca	11:	
Sorge/s Name of	Person	at (772) 340 Area Code Daytime	D - 7339 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 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**

Biowaste LLC	
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Compan	oears on our records.) y)
The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>LOBOOIO6 368</u> .	Nov 02, 200 (and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	<u>here</u> :
The new name must be distinguishable and contain the words "Limited Liability Company," the	ne designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	70 B
	0.5 N P
Enter new mailing address, if applicable:	CLECT THE PROPERTY OF THE PROP
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	on our records, enter the name of the
Name of New Registered Agent:	
New Registered Office Address:	
Enter .	Florida street address
	, Florida
City	Zip Code

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 = Aut	thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MANAGER	Peter Manco	440 Sw Jefferson C	i R 🗹 Add
,		440 Sw Jefterson C Port Saint Lucie Florida, 34986	□ Remove
		Florida, 34986	Change
			☐ Remove
			Change
		<u> </u>	
			Remove
			Change
			Add
		<u>≥</u>	Remove
		<u></u>	Change :
			Add
		FLURIDA	Remove
		<u> </u>	🗆 Change
			Add
			□ Remove
			Change

ctive date, if other than	the date of filing:	(optional)
effective date is listed, the date	must be specific and cannot be prior to date of filing or more than s block does not meet the applicable statutory filing requir	90 days after filing.) Pursuant to 605.03
	e Department of State's records.	,
record specifies a delar ne 90th day after the r	yed effective date, but not an effective time, a record is filed.	it 12:01 a.m. on the earlier
. /		
ed 01/2/	<u>20/6</u> .	ACC 2016
	Signature of a member or authorized representative of a mer	mber SAL N pro-se
		7 43 41 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
	Typed or printed name of signee	50 5 년 11 12 13 13 13 13 13 13 13 13 13 13 13 13 13

Page 3 of 3

Filing Fee: \$25.00