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## **COVER LETTER**

TO: Registra Division	ntion Sec 1 of Corp	tion orations				
SUBJECT:	Α	G ENVIRONMEN	TAL CONSULTANTS,	LLC		
SUBJECT:			ited Liability Company			
The enclosed Art	icles of A	mendment and fee(s) are sul	omitted for filing.			
Please return all	correspon	dence concerning this matter	to the following:			
		A	ARON L GROSTEFON			
			Name of Person			
		A G ENVIRO	NMENTAL CONSULTAN	rs, llc		
			Firm/Company		2011 SEE	
		401 NW NORTH RIVER DRIVE			2010 MAY TO SECRETAR) ALLAHASSI	dime
			Address		AR)	Ē
			STUART,FL 34994		PH PH	ָ ר
			City/State and Zip Code		်င်္က (၂) (၂)	C
		E	ERIC@EHBPA.COM		STATE STATE LORIDA	
5 0 4 10		·	to be used for future annual report not	ification)		
For further inform	nation co	ncerning this matter, please o	call:			
	MAR	HUFF, CPA	at (_772_)	283-7404		
	Name of	Person	Area Code & Dayti	me Telephone Numbe	ī	
Enclosed is a che	eck 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 enclose	ed) Certified	ate of Status &	sed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COUF Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL 3	orations Center Circle			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

## A G ENVIRONMENTAL CONSULTANTS, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compa	any were filed on NOVEMBE	ER 15, 2006 and assigned			
Florida document numberL06000110849					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited l	iability company here:				
A G ENVIRONMENTA	AL CONTRACTORS, LLC				
The new name must be distinguishable and end with the words "L "L.L.C."	imited Liability Company," the de	esignation "LLC" or the abbreviation			
Enter new principal offices address, if applicable:	<del></del>				
(Principal office address MUST BE A STREET ADDRESS	ν				
		70 <b>6</b>			
		ARE A			
Enter new mailing address, if applicable:		I O			
(Mailing address MAY BE A POST OFFICE BOX)		Mo z m			
		RID £			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address has been addressed agent and/or the new registered office address has been addressed agent and/or the new registered office addressed agent and/or the new registered office addressed agent and/or the new registered office addressed agent and/or registered agent and/or the new registered office addressed agent and/or the new registered agent and/or the new registered office addressed agent and/or the new registered agent agent and/or the new registered agent ag	office address on our recor <u>1ere</u> :	ds, enter the name of the nev			
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
	, Florida				
	City	Zip Code			
Now Bogistored Agentle Cignotone if shanning Business to	4.				

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 limited liability company has been notified in writing of this change.

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

Title Name Address Type of Action Add Remove	
Remove   Add   Add   Remove   Add   Add   Remove   Add   Add   Remove   Add	<u>on</u>
Remove  Add Remove  ARI  ARI  ARI  ARI  ARI  ARI  ARI  AR	
Remove    Color   Remove   Color   Color   Remove   Color   Co	
SSEE GARE	'n
	T
Add Remove	
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
Dated	
Signature of a member of authorized representative of a member  Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00