## 10700000 2006

| (Requestor's Name)                      |
|---|
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| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
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## **COVER LETTER**

· TO:

|               | Registration Sec<br>Division of Corp |  |   |  |
|---------------|--------------------------------------|--|---|--|
| CHB IE        |                                      | onmental Services, LLC                       |   |  |
| SUBJEC        | -1; <u> </u>                         | Name of Limi                                 | ited Liability Company  |  |
| The encl      | osed Articles of A                   | Amendment and fee(s) are subt                | mitted for filing.  |  |
|               |                                      | ndence concerning this matter                |   |  |
|               |                                      | Michael Conn                                 |   |  |
|               |                                      |  | Name of Person  |  |
|               |                                      |  | Firm/Company  |  |
|               |                                      | 4910 Lemon Bay Dr                            |   |  |
|               |                                      | Venice, FL 34293                             | Address   |  |
|               |                                      |  | City/State and Zip Code   |  |
|               |                                      | mike.conn@mscenv.com                         | City/State and Zip Code   |  |
|               |                                      | <del>-</del>                                 | to be used for future annual re-  | port notification)   |
| For furth     | her information c                    | oncerning this matter, please c              | all:  |  |
| Michael       | l Conn                               |  | at ( 941 )  | 587-7817   |
|               | Name o                               | f Person                                     | Area Code   | Daytime Telephone Number                                       |
| Enclose       | d is a check for th                  | ne following amount:                         |   |  |
| <b>■</b> \$25 | .00 Filing Fee                       | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | Sed)  \$\begin{align*} \$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
|               | Mailing Address Registration S       |  | <u>Street Add</u><br>Registrat  | <del>lress:</del><br>ion Section                               |
|               | Division of C                        | Corporations                                 |   | of Corporations  |
|               | P.O. Box 632<br>Tallahassee,         |  |   | re of Tallahassee<br>Monroe Street, Suite 810                  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020 AUG 24 PH 12: 01

|   | ompany as it now appears on our records.)                         | •                         |
|---|---|---------------------------|
| (A Florida Lim  | ompany as it now appears on our records.) nted Liability Company) | •                         |
| The Articles of Organization for this Limited Liability Comp  | pany were filed on 01/05/2007                                     | and assigned              |
| Florida document number L07000002006  |   |                           |
| This amendment is submitted to amend the following:   |   |                           |
| A. If amending name, enter the new name of the limited  | liability company here:   |                           |
| MSC Environmental, LLC  |   |                           |
| 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 ADDRES.  | <u></u>   |                           |
|   |   |                           |
|   |   |                           |
| Enter new mailing address, if applicable:   | P.O. Box 2227   |                           |
| (Mailing address MAY BE A POST OFFICE BOX)  | Venice, FL 34284  |                           |
| <del></del>   |   |                           |
| B. If amending the registered agent and/or registered of  | Considering on our records enter th                               | o name of the new rec     |
| B. If amending the registered agent and/or registered of agent and/or the new registered office address here: | ince address on our records, enter the                            | c manie vi ino wow        |
|   |   |                           |
|   |   |                           |
| Name of New Registered Agent:   |   |                           |
|   |   |                           |
| Name of New Registered Agent:  New Registered Office Address:   | Enter Florida street address                                      |                           |
|   |   | daZip 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 amending Authorized Person(s) authorized to manage; enter the title, name, and address of each person being added or removed from our records:

| MGR = M $AMBR = A$ | anager<br>uthorized Member |         | 220         |               |                |
|--------------------|----------------------------|---------|-------------|---------------|----------------|
| <u>Title</u>       | Name                       | Address | 2020 AUG 24 | PH 12: 01     | Type of Action |
|                    |                            |         |             |               | □Add           |
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| Old EIN 20-8176403 has be                          | en updated to 85-2576566                       | 750                                   |                                 |
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| Effective date, if other than the                  | 07/13/2020                                     | (opti                                 | ional)                          |
| Cama Otanian doto is listed the date of            | wet be enecific and cannot be print to date of | f filing or more than 90 days after   | r filing.) Pursuant to 605.0207 |
| Note: If the date inserted in this                 | block does not meet the applicable stat        | utory filing requirements, th         | is date will not be listed as   |
| document's effective date on the                   | Department of State's records.                 |                                       |                                 |
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| e record specifies a delayed effect<br>d is filed. | tive date, but not an effective time, at 1     | 2:01 a.m. on the earlier of: (        | b) The 90th day after the       |
|  | 2020   |                                       |                                 |
| Dated August 6                                     |  |                                       |                                 |
| 11   | //   |                                       |                                 |
| ///  | Signature of a member or authorized re-        | a cocantative of a mumber             |                                 |
|  | Signature of a member or authorized fe         | presentative of a filemoet            |                                 |
| Michael Conn                                       |  |                                       |                                 |
|  | Typed or printed name                          | of curee                              |                                 |

Filing Fee: \$25.00