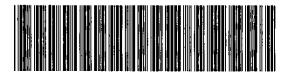
## 107000019495

| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (Ac                     | ldress)            |             |
| (Ac                     | ddress)            |             |
| (Cir                    | ty/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL MAIL   |
| (Bu                     | ısiness Entity Nar | ne)         |
|                         |                    |             |
| (Do                     | ocument Number)    |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
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14 APR -2 AM ID: 31
SECRETARY OF STATE
TALLAHASSEE, FLORID,

J. STAVETS APR 0 4 2014

## **COVER LETTER**

|                       | on Section<br>f Corporations                  |                                                                  |                                                                                                     |
|-----------------------|-----------------------------------------------|------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| SUBJECT:              | Orangeburg En<br>Name@fLimi                   | v. ronmental, LL                                                 | <u>C.</u>                                                                                           |
| The enclosed Articl   | les of Amendment and fee(s) are subr          | nitted for filing.                                               |                                                                                                     |
| Please return all cor | теspondence concerning this matter t          | to the following:                                                |                                                                                                     |
|                       | Aine                                          | Marie Ryan Name of Person                                        |                                                                                                     |
|                       | Oran                                          | geburg<br>Firm/Company                                           |                                                                                                     |
|                       | P.O.                                          | Box 141 Address                                                  |                                                                                                     |
|                       |                                               | City/State and Zip Code                                          |                                                                                                     |
|                       | E-mail address: (t                            | geburg Dearth I be used for future annual report n               | otification)                                                                                        |
| For further informa   | tion concerning this matter, please ca        | ill:                                                             |                                                                                                     |
| <u>Ainè</u>           | Marie Ryan ame of Person                      | at (\$50) <u>55</u><br>Area Code Day                             | time Telephone Number                                                                               |
| Enclosed is a check   | for the following amount:                     |                                                                  |                                                                                                     |
| \$25.00 Filing F      | ee \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

| Orangeburg Environ                                                          | imental, LLC                                                     |
|-----------------------------------------------------------------------------|------------------------------------------------------------------|
| (Name of the Limited Lability Company<br>(A Florida Limited Li              | y <u>as it now appeārs on our records.</u> )<br>ability Company) |
| The Articles of Organization for this Limited Liability Company w           | vere filed on $2/21/2007$ and assigned                           |
| Florida document number <u>L0700001949</u> 5                                |                                                                  |
| This amendment is submitted to amend the following:                         |                                                                  |
| A. If amending name, enter the new name of the limited liabili              | ity company here:                                                |
| Orangeburg.11                                                               | C                                                                |
| The new name must be distinguishable and end with the words "Limited Liabil | ity 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)                         |                                                                  |
|                                                                             | 6.                                                               |
|                                                                             | PS 1                                                             |
| Enter new mailing address, if applicable:                                   | APR APR                                                          |
| (Mailing address MAY BE A POST OFFICE BOX)                                  | OCT D Property                                                   |
| (maining mairess MAT BE A POST OFFICE BOX)                                  |                                                                  |
|                                                                             |                                                                  |
| B. If amending the registered agent and/or registered off                   | ice address on our records enter the theme of the ne             |
| registered agent and/or the new registered office address here:             | >                                                                |
|                                                                             |                                                                  |
| Name of New Registered Agent:                                               |                                                                  |
| New Registered Office Address:                                              |                                                                  |
| New Negotiere Office Address.                                               | Enter Florida street address                                     |
|                                                                             | Wards                                                            |
|                                                                             | , Florida                                                        |

## 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member Type of Action <u>Title</u> Name Address □ Add ☐ Remove □ Add ☐ Remove □ Add Remove Remove ☐ Add ☐ Remove □ Add ☐ Remove

| , '<br>                             |                                                                                                                                             | · · · · · · · · · · · · · · · · · · ·                 |
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|                                     | · · · · · · · · · · · · · · · · · · ·                                                                                                       |                                                       |
| fective date m                      | other than the date of filing:  st be specific, cannot be prior to date of receipt or filed nt is filed by the Florida Department of State) | (optional) date and cannot be more than 90 days after |
| ffective date m<br>late this docum  | ist be specific, cannot be prior to date of receipt or filled                                                                               | date and cannot be more than 90 days after            |
| effective date m<br>date this docum | ist be specific, cannot be prior to date of receipt or filed<br>int is filed by the Florida Department of State)                            | date and cannot be more than 90 days after            |

Page 3 of 3

Filing Fee: \$25.00

14 APR -2 AM (D: 31 SECRETARY OF STATE TALLAHASSEE, FLORID,