L0900000449

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
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SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

JAN - 9 2009

EXAMINER

COVER LETTER

Division of Cor	porations		
support. Waste	Audit Solutions LLC		_
SUBJECT.		ited Liability Company)	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing	
		-	
Please return all correspo	ondence concerning this matter	to the following:	
	Fred Greene		
		(Name of Person)	
	Waste Audit Solutions Lt	_C,	
		(Firm/Company)	interpretation and the second of the second
	4000 O	N. A.M.	
	1000 Spanish River Rd S	(Address)	
		(Address)	
	Boca Raton, FL 33432		
		(City/State and Zip Code)	
For further information c	oncerning this matter, please c	all:	
Fred Greene		at (561) 542-1689	
	of Person)	(Area Code & Daytime T	'elephone Number)
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy	□\$60.00 Filing Fee, Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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

Waste Audit Solutions LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our record d Liability Company)	is.)
he Articles of Organization for this Limited Liability Compa	ny were filed on January 5, 2009	and assigned
lorida document number L09000000449		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited li	ability company here:	
/aste Savers LLC		
he new name must be distinguishable and end with the words "Li L.L.C."	mited Liability Company," the designa	ation "LLC" or the abbrevi
nter new principal offices address, if applicable:		0 ₽ ₹
Principal office address MUST BE A STREET ADDRESS)		SECR USIGN
	**************************************	- CTAR
		375
nter new mailing address, if applicable:		PH IZ
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		O NES
. If amending the registered agent and/or registered egistered agent and/or the new registered office address h		enter the name of the
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	(Enter Florida str	sot address
	,	•
	, Flori (City)	ida(Zip Code)
	(//	(wip could)

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

MGR = Manager

MGRM = Managing Member <u>Title</u> <u>Name</u> <u>Address</u> Type of Action _ Add ☐ Remove Remove 🗂 Add Remove ☐ Add Remove ☐ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated January 6 Signature of a member or authorized representative of a member Fred Greene Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00