6/30/22, 2.57 PM

To:

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Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:		
	Division of Co	prporations
	Fax Number	: (850)617-6383
From:		
	Account Name	: C T CORPORATION S

Account Name	:	C T CORPORATION SYSTEM
Account Number	:	FCA00000023
Phone	:	(954)208-0845
Fax Number	:	(614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MEDIGREEN WASTE SERVICES LLC

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JUN 3 0 2022

K. Brumbley 1/1

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Medigreen Waste Services LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> agent and/or the new registered office address here:

)22	
Name of New Registered Agent:		•	IJС	
<u>Hant of the Hegher and gran</u> t		:• *	-2:	
New Registered Office Address:			30	
	Enter Horida street address		-	<u>m</u> ãc
		-	7	-
	, Florida, Florida	Zip	to Code	`
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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 om 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

2022-06-30 12:58-26 PDT

From; Kaity Tc

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person-being added</u> or <u>removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	McPhee, Dean	111 West Jackson Boulevard, Suite 1900	IAdd
		Chicago, IL 60601	🗌 Remove
			🗇 Change
CFO, Sec	McPhee, Dean	111 West Jackson Boulevard, Suite 1900	🗷 Add
		Chicago, 1L 60601	
			Change
DIR	BENNOUNA, ABDELAZIZ	9633 OAK CROSSING RD #400	🗆 Add
		Orlando, FL 32827	
			🗋 Change
DIR	HUDSON, KOBINA AMOAKOATTA	9633 OAK CROSSING RD #400	🗆 Add
		Orlando, FL 32827	
			□Change
DIR	BENTSI-ENCHILL, KWAMENA	9633 OAK CROSSING RD. #400	🗆 Add
		Orlando, FL 32827	L Remove
			🗆 Change
DIR	RODRIGUEZ, JOSE LUIS	9633 OAK CROSSING RD. #400	🗋 Add
		Orlando, FL 32827	■Remove
			Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Effective date, if other than the date of filing:		<u> </u>						
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Signature of a member or authorized representative of a member					1			
•		S	ignature of a memb	er or authorized	representative of a	member		

_____Deanl.McPhee______ Typed or printed name of signee