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**EXAMINER** 



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DIVISION OF CORPORATION

## **COVER LETTER**

TO: Registration Se Division of Co		11	•				
SUBJECT: _ W	ISTE MANAGE	ement	Services	LLC			
Name of Limited Liability Company							
		•		•			
•	, ,				*		
The enclosed Articles of	Amendment and fee(s) are sub	bmitted for filing	•				
Please return all correspo	ondence concerning this matter	r to the following:					
	IMMETT	- 0.	en ton				
		Name of Perso	n				
	1. )	<i>m</i>	A 5 A	a in the second			
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		City/State and Zip	Code				
	F-mail address:	to be used for future s	nnual report notificati	on)			
			intual report notificati	on,			
For further information of	concerning this matter, please of	call:					
Name	of Person	at (_ <b>2/3</b>	3 63 - / a Code & Daytime Te	Ighong Number			
Name	n reison	Aig	a Code & Daynine Te	repriorie Number			
Enclosed is a check for t	he following amount:						
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Certified Co (additional		\$60.00 Filing Certificate o Certified Co (additional o	f Status &		

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 TQ ARTICLES OF ORGANIZATION OF

WASTE MANAGEMENT	T Services	LLC	
(Name of the Limited Liability Co. (A Florida Limit	mpany as it now appears on o ted Liability Company)	ur recoraș.)	
The Articles of Organization for this Limited Liability Comp	pany were filed on $\mathcal{B}$	$\frac{\sqrt{31}}{2009}$ and assigned	
Florida document number <u>LU9606083</u> .7	770	,	
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 end with the words "	T : 1 11 11 12 C	July dies "I I C" on the abbreviation	
"L.L.C."	Limited Liability Company, u	te designation LLC of the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	<u> </u>	
		<b>5</b> 37 37 37 37 37 37 37 37 37 37 37 37 37	
Enter new mailing address, if applicable:		<b>1</b> 7000	
(Mailing address MAY BE A POST OFFICE BOX)		The state of the s	
		N 2	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ecords, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	City	Zip Code	

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 Changing Registered Agent, Signature of New Registered Agent

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

**Title Type of Action** Name | Address Brenda Campbell P.O. BUX MGRAM Remove ☐ Add Remove ☐ Remove Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 12 Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00