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. (Re	questor's Name)	
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2016 APR 26 PH 4: 04
SECRETARY OF STATE

K. S.ALY EXAMINER

APR 28

COVER LETTER

	istration Sect ision of Corpo						
SUBJECT:	ENVI	RON MENTAL Name	SER UI	ability Company	DA PRO	ducts (-LC
The enclosed	Articles of Ar	mendment and fee(s)	are submitted	for filing.			
Please return	all correspond	lence concerning this	matter to the	following:			
		M	ARCEL	Name of Person	RAUD		
				Name of Person			_
•		<u>ن</u> ے	CUABOR	LAW Firm/Company	LLC		_
				Firm/Company			
		1001	BRICKE	LL BAY	DRIVLE	ट्याउ	1200
				Address			
		r11	411, 7	FL 3313 /State and Zip Co	31		_
							-
		MARCE F-mail ad	L TERAL	of States	00 CON	ration)	
For further in	formation con	cerning this matter, p		see for fatale and	au roport noun.		
MAR	cel 1	FERAUN erson		at (305)	713	6740	
	Name of P	erson		Area Code	Daytime	Telephone Numbe	r
Enclosed is a	check for the	following amount:					
10 \$25.00 F	iling Fee	□ \$30.00 Filing Fee Certificate of Sta		\$55.00 Filing Fe Certified Copy (additional copy is		Certified	ate of 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 TO ARTICLES OF ORGANIZATION **OF**

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2016 A	78 2 ~	
SECRE	TARY OF	PM 4:0
ds.)	Sister L	Plain

SERVICES AND PRODUCTS

(Name of the Limited Liebility Comme	any so it name an area or own records \ SEC STAR
(Name of the Limited Liability Compa (A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability Company	
Florida document number L09000102 119	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	10918 BITTERNUT HICKORY LANE
(Principal office address MUST BE A STREET ADDRESS)	BOYNTON BEACH, FL 33437
Enter new mailing address, if applicable:	10918 BITTER NUT HICKORY LANE
Mailing address MAY BE A POST OFFICE BOX)	BYNTON BEACH FL 33437
3. If amending the registered agent and/or registered of	ffice address on our records, enter the name of the
registered agent and/or the new registered office address her	<u>e</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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 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	g Authorized Person(s) authorized to n from our records:	nanage, <u>enter the</u>	title, name, and address of each	person being added
MGR = M			2016 APR 26 PM 4: 04	
<u>Title</u>	<u>Name</u>	Address	SECRETARY OF STATE FALLAHASSEE. FLORIDA	Type of Action
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	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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an eff lote:	(optional) fective date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
ated	April 22 , 2016 () () () () () () () () () (
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00