

209000110273

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

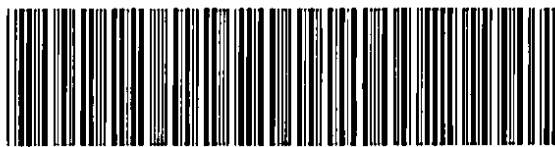
(Document Number)

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2020 FEB 14 10:10:02

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
MAIL ROOMS (1100)

2020 FEB 14 AM 7:12

FILED

MAR 10 2020
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MORGAN DISPOSAL, LLC, a Florida Limited Liability Company
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAMIE MEAGER

Name of Person

Firm/Company

7533 Casa Grande Circle

Address

Milton, Florida 32583

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMIE MEAGER

Name of Person

at ()

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MORGAN DISPOSAL, LLC, a Florida Limited Liability Company

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

The Articles of Organization for this Limited Liability Company were filed on November 16, 2009 and assigned
Florida document number L09000110273

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 "L.L.C."

Enter new principal offices address, if applicable:

7533 Casa Grande Circle

(Principal office address MUST BE A STREET ADDRESS)

Milton, Florida 32583

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, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

JAMIE MEAGER

New Registered Office Address:

7533 Casa Grande Circle

Enter Florida street address

Milton

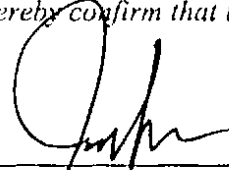
City

Florida 32583

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.

 2-2-2020
If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	JAMIE MEAGER	7783 Casa Grande Circle	<input checked="" type="checkbox"/> Add
		Milton, Florida 32583	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	WANDA J. MORGAN	7781 Creston Barrow Road	<input type="checkbox"/> Add
		Baker, Florida 32531	<input checked="" type="checkbox"/> Remove
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1. *Staphylococcus aureus*
 2. *Streptococcus pneumoniae*
 3. *Escherichia coli*
 4. *Salmonella enterica*
 5. *Shigella flexneri*
 6. *Yersinia enterocolitica*
 7. *Legionella pneumophila*
 8. *Campylobacter jejuni*
 9. *Haemophilus influenzae*
 10. *Mycobacterium tuberculosis*
 11. *Coccidioides immitis*
 12. *Histoplasma capsulatum*
 13. *Blastomyces dermatitidis*
 14. *Cryptosporidium parvum*
 15. *Toxoplasma gondii*
 16. *Giardia lamblia*
 17. *Trichinella spiralis*
 18. *Ascaris lumbricoides*
 19. *Strongyloides stercoralis*
 20. *Enterobius vermiciformis*
 21. *Trichostrongylus axei*
 22. *Ostertagia circumcincta*
 23. *Haemonchus contortus*
 24. *Trichostrongylus colubriformis*
 25. *Moniezia benediti*
 26. *Paramphistomum dentatum*
 27. *Dictyocaulus viviparus*
 28. *Trichostrongylus colubriformis*
 29. *Strongyloides edentatus*
 30. *Trichostrongylus colubriformis*
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 99. *Trichostrongylus axei*
 100. *Trichostrongylus colubriformis*

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated February 1, 2020

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

JAMIE MEAGER, AMBR

Typed or printed name of signee

Filing Fee: \$25.00