

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status

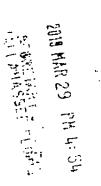
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COVER LETTER

TO: Registration Section 2019 MAR 29 PH 4: 99 **Division of Corporations** Resource Conservation Partners, LLC SUBJECT: 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: Matthew S Yates Sr Name of Person Resource Conservation Partners LLC Firm/Company P.O. Box 565 Address Lee, FL 32059 City/State and Zip Code conservemil@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call; Matt Yates 766-0736 Name of Person Daytime Telephone Number Enclosed is a check for the following amount:

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed).

MAILING ADDRESS:

□ \$30.00 Filing Fee &

Certificate of Status

■ \$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314

STREET/COURIER ADDRESS:

☐ \$60.00 Filing Fee.

Certified Copy (additional copy is enclosed)

Certificate of Status &

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO, ARTICLES OF ORGANIZATION OF

Resource Conservation Partners LLC

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

(A Florida Limited	Liability Company)	and assigned		
The Articles of Organization for this Limited Liability Company were filed on $\frac{10i24i2011}{2}$ and ass				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liah	oility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	thty Company," the designation "LLC" or t	he abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	580 NE Macedonia Church Rd			
(Principal office address MUST BE A STREET ADDRESS)	Lee, FL 32059			
Enter new mailing address, if applicable:	P.O. Box 565			
(Mailing address MAY BE A POST OFFICE BOX)	Lee, FL 32059			
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:		iter the name of the nev		
	, Florida	i		
	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. Thereby 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 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>	Name	<u>Address</u>	Type of Action
MGRM	Drexal D Bryant		
		1303 Riverside Dr Steinhatchee, FL 32359	
			Change
MGRM	Matthew Scott Yates, Jr	109 Ocean Spray Ave Satellite Beach, FL 32937	■ Add
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ective date, if other that n effective date is listed, the da				(optional)	
n effective date is listed, the date	e must be specific and cannot	be prior to date of	filing or more than t	90 days after filing.) Pursu	unt to 605.0207
te: If the date inserted in the cument's effective date on the contract of the			utory ming require	ments, this date will h	ot be fisted as
record specifies a del	aved effective date	out not an ef	fective time la	t 12:01 a.m. on th	ne earlier of
The 90th day after the		3 4: 1.0 : 4 1. C.	idente inne, d	. 12.01 ((ic carnot or
ted	201)			
	(1) D-			-	
K	willens	5 m	//		
	Signature of a member	or authorized rep	resentative of a men	nher	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00