L11000142376

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Sacritica Elias) (Marie)					
(Decument Name has)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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SECRETARY OF STATE

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COVER LETTER

	ration Section n'of Corporations				
SUBJECT:	Enviro-Tech of	Northwest Florida,	LLC		
		nited Liability Company			
The enclosed Ar	ticles of Amendment and fee(s) are s	ubmitted for filing.			
Please return all	correspondence concerning this matt	er to the following:			
		James T. Webster			
		Name of Person			
	Enviro-1	ech of Northwest Florid	da, LLC		
		Firm/Company			
		P.O. Box 2374			
		Address			
,	C	Crestview, Florida 32536			
		City/State and Zip Code			
		material (1) garantee	m envirotechnuflegmail.com		
		(to be used for future annual repo	rt notification)		
For further inform	mation concerning this matter, please	call:			
	James T. Webster	at (_850_)	305-9550		
	Name of Person		Daytime Telephone Number		
	16.4.69				
	eck for the following amount:	\			
\$25.00 Filing	g Fee \$\bigcup \frac{\$30.00 \text{ Filing Fee & Certificate of Status}	\$55.00 Filing Fee & Certified Copy (additional copy is er	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	MAILING ADDRESS:	STREET/C	OURIER ADDRESS:		

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Enviro-Tech of Northwest Florida, LLC

(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 Florida document numberL11000142376	were filed on <u>Decem</u>	ber 20, 2011 and assigned				
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	oility company here:	SECRETARY OF CORDIVISION OF CORDIVIS				
The new name must be distinguishable and end with the words "Limi"L.L.C." Enter new principal offices address, if applicable:	ited Liability Company," the					
(Principal office address MUST BE A STREET ADDRESS)						
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 2374 Crestview, Florida 3	32536				
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:	· · · · · · · · · · · · · · · · · · ·					
New Registered Office Address:	Enter Florida street address					
	City	_, Florida 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 **Address Type of Action** Name MGR Dana C. Matthews 4475 Legendary Drive Destin, Florida 32541 ✓ Remove James T. Webster MGRM 6604 Possum Ridge Road Crestview, Florida 32539 Remove ☐ Add Remove ∏Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) February 22 2012 Dated ___ Signature of a member or authorized representative of a member Michael G. Sadler Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00