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COVER LETTER

	Treasure Coast Environmental Services, LLC							
Name of Limited Liability Company								
The enclosed Articles of	Amendment and fee(s) are sub	nitted for filing.						
Please return all correspo	indence concerning this matter	to the following:						
	Melissa Blandford							
		Name of Person						
	Treasure Coast Environme	ntal Services, LLC						
Firm/Company								
	5814 Scagrape Drive							
		Address	 					
	Fort Pierce, Florida 34982							
		City/State and Zip Code						
	TCEServicesLLC@gmail.co							
		to be used for future annual report notifi	cation)					
For further information of	concerning this matter, please co	all:						
Melissa Blandford		772 201-9604 at ()						
Name o	of Person	Area Code Daytime	Telephone Number					
Enclosed is a check for t	he 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 enclose					

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

2017 AUG 14 PM 2: 30
PALLAHASSEE ESTAU

Treasure Coast Environmental Services, 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 were filed on $^{07\text{-}25\text{-}12}$ Florida document number __L12000096117 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: (Principal office address MUST BE A STREET ADDRESS) 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: New Registered Office Address: Enter Florida street address _, Florida ___ 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 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>	Address	Type of Action
Manager	Alan D. Blandford	5814 Seagrape Drive	■ Add
			Remove
			□ Change
Manager	Joy S. Yancy		
			■ Remove
			☐ Change
-			Add
			☐ Remove
			Change
			A HE COMMONS
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			□ Remove
			Change
			□ Remove
			☐ Change

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Effective date, if other than the date (If an effective date is listed, the date must be sp. Note: If the date inserted in this block de document's effective date on the Departu	ecific and cannot be ses not meet the ap	plicable statutory	or more than 90 days		
the record specifies a delayed effe The 90th day after the record is		not an effectiv	ve time, at 12:	01 a.m. on the	earlier of:
Dated 8-9-17	77	Bond printed name of signal	<i>(</i>	<i>n</i>	<i>e</i> 1 11
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Filing Fee: \$25.00