L12000127005

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	····
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	TIAW [MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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AR 25 2016 J. HARRIS

COVER LETTER

Division of Corporations			
SUBJECT: Double D E	Environmental, LLC		
	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	Doreen B. Donovan		
		Name of Person	<u> </u>
	Double D Environmental, I	10	
	——————————————————————————————————————		
		Firm/Company	
	24 Brigadoon Circle		
		Address	
	Leesburg, FL 34788		
City/State and Zip Code DoubleDEnvironmental@yahoo.com			
	•	o be used for future annual report notific	ation)
For further information concerning this matter, please call:			
rot luttier information e	oncerning uns maner, piease ea	ш.	
Doreen B. Donovan		813 786-2819 at (
Name o	f Person	at () Area Code Daytime T	elephone Number
Enclosed is a check for the following amount:			
	_	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
\$25.00 Filing Fee	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section

TO: · 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



April 8, 2016

DOREEN B DONOVAN 24 BRIGADOON CIRCLE LEESBURG, FL 34788

SUBJECT: DOUBLE D ENVIRONMENTAL, LLC

Ref. Number: L12000127005

We have received your document for DOUBLE D ENVIRONMENTAL, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Page 3 is missing.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

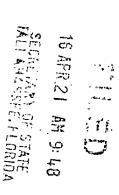
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

12.

Letter Number: 316A00007305



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

This amendment is submitted to amend the fol				
A. If amending name, enter the new name	of the limited liability comp	any here:		
The new name must be distinguishable and contain the	words "Limited Liability Company	y," the designation "LLC" or t	the abbreviation "L.L.C."	
Enter new principal offices address, if appli	cable:		· · · · · · · · · · · · · · · · · · ·	
(Principal office address MUST BE A STRE	ET ADDRESS)			
			98 O 33 A	
Enter new mailing address, if applicable:			OK APR	. i
(Mailing address MAY BE A POST OFFICE	<u></u>		2 P P	;
				iį
			S:	じ
B. If amending the registered agent and		ess on our records, <u>e</u> e		e new
registered agent and/or the new registered of	office address here:)	
Name of New Registered Agent:	 			
New Registered Office Address:	24 Brigadoon Circle			
	Enter Florida street address			
	Leesburg	, Florid	a 34788	
	City		Zin 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR= M AMBR= A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			□ Change
			☐ Remove
			☐ Change
			☐ Remove
		·····	☐ Change
		**************************************	Remove
		***************************************	☐ Change
			Remove
			Change Add ORDA Remove
			OR ICE A CONTROL
			[7] Changa

D. If amen	ding any other information, e	nter change(s) here: (Attach additional sheets, if n	ecessary.)
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Note: If	the date inserted in this block doe	of filing:	this date will not be listed as the
If the reco (b) The 9	rd specifies a delayed effec Oth day after the record is	tive date, but not an effective time, at 12:0 filed.	1 a.m. on the earlier of:
Dated _	April L	. 2016	
	Doren B	Down	
	Signatu Doreen B. Donovan	re of a member or authorized representative of a member	IECHOL LL AHA
		Typed or printed name of signee	207
		Page 3 of 3	AH 9: D

Filing Fee: \$25.00