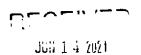
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

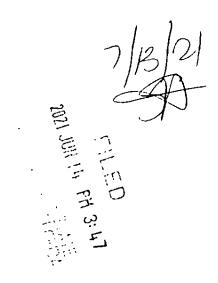




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06/15/21--01017--016 **60.00



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Wastes H EVANS TI CLC 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:	
Charles Evays Name of Person	
Charles H EVWS JI LUC Firm/Company	
5601 Cypress Cardens Rd	
Winter Haven FL 33584 City/State and Zip Code	
Areiff 3566 Q aol. Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person at (863) \$45. De Le Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy tadditional copy is enclosed	

TO:

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

(Name of the Limited Liability Compar	ny as it now appears on o	our records.)
This amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liability company here: In mending name, enter the new name of the limited liability company here: In new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new registered gent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address		
The new name must be distinguishable and contain the words "Limited Liability".	ity Company," the designa	ation "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 a agent and/or the new registered office address here:	uddress on our record	ls, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Entor Florida et	vant addrass
	Eact F (orda M	
	City	FloridaZip 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 the document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited Hability company has been notified in writing of this change.

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
Ambr	Charles Henry EVANS	Shot Cypress Consdens Po	<u>}</u> □∧dd
		Winter Haven FL33884	Semove
			□ Change
AMBO	Paul Fasciani	359 Tindel Trail Lake Wales FL33898	XAdd
		Cake Wales FL33898	□Remove
			□Change
			□Add
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ective date, if other than the effective date is listed, the date mus	date of filing:		(optional)
effective date is listed, the date muster: If the date inserted in this bl	it be specific and cannot be prock does not meet the ann	for to date of filing or mer dicable statutory filing (e than 90 days after filing requirements, this date	g) Pursuant to 605.020 e will not be listed a
rument's effective date on the D	epartment of State's recor	ds.	4	
cord specifies a delayed effective	e date, but not an effective	e time, at 12:01 a.m. on	the earlier of: (b) T	he 90th day after the
s filed.				181
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ed 6-9-21	 ·			PORT JULY 1 1/4 PH
- //.	11//			in .
(Ca//	// (2)	74-	Co marshare	PH 3: 48
	Signature of a member or au	amorized representative of	a memoer	دن