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TALLAHASSEE, FLORID:

COVER LETTER

TO: Registration S Division of Co	ection rporations	we graph the second	le s
AT Envi	ronmental	***	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Adam Fish		
		Name of Person	
	AT Environmental		
	<u></u>	Firm/Company	
	PO Box 271		
		Address	
	Anthony, FL 32617		
	atenvironmental@gn	City/State and Zip Code nail.com	
	E-mail address: (to be used for future annual report notifi	cation)
For further information of	concerning this matter, please ca	all:	
Adam Fish		352 572-1293	
Name o	of Person		Telephone Number
Enclosed is a check for t	the 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 enclosed)

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

TO ARTICLES OF ORGANIZATION OF

AT Environmental		
(<u>Name of the Limited Li</u> (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number	ity Company were filed on	and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and end with the words	s "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 A)	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	Ω	
B. If amending the registered agent and/or r registered agent and/or the new registered office	registered office address on our records, <u>enter</u> address here:	the name of the new
Name of New Registered Agent:		14 DEC
New Registered Office Address:	Enter Florida street address , Florid a	ASSET OF A TIL
_	City , Fiorida	Zip Code
New Registered Agent's Signature, if changing Registered	tered Agent:	PACE F

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

Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member <u>Title</u> <u>Name</u> <u>Address</u> Type of Action Timothy Fish MGR 13300 Ne 98th st Add A Ft McCoy FL 32134 □ Remove □ Add □ Remove □ Add ☐ Remove □ Add PEC JAIN D'Add □ Add _□ Remove

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