L13000/48843

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2913 NOV 26 AN 7: 52 SECRETARY OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

VetUS Environmental Services, LLC

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:

Robert G. Boulay, CPA

Name of Person

Robert G. Boulay, CPA, PA

Firm/Company

422 Jacksonville Drive, Suite J

Address

Jacksonville Beach, FL 32250

City/State and Zip Code

garrett@vetusllc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert G. Boulay, CPA

,,904**、228-0407**

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for 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

ARTICLES OF AMENDMENT TO

FILED

ARTICLES OF ORGANIZATION 2013 NOV 26 AM 7: 52 OF

SECRETARY OF STATE TALLAHASSEE, FLORIDA

VetUS 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 Li	ability Company were filed on C	October 22, 2013	and assigned
Florida document number L13000148843	·		
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liability company l	<u>iere</u> :	
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liability Con	npany," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applications	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
			···
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u></u>		······································
			
B. If amending the registered agent and/or the new registered of		n our records, <u>enter th</u>	e name of the new
Name of New Registered Agent:	Robert G. Boulay, CPA,	PA	
New Registered Office Address:	422 Jacksonville Drive,	Suite J	
		Enter Florida street addre	288
	Jacksonville Beach	, Florida <u>322</u>	250
	City		Zip Code
New Registered Agent's Signature, if changing R	legistered Agent		

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Easton L. Holdings, Inc.	830-13 A1A North	Add
		Suite 343	Remove
		Ponte Vedra Beach, FL 3208	2
MGR	REG Products, LLC	830-13 A1A North	Add
		Suite 343	Remove
		Ponte Vedra Beach, FL 3208	2
MGR	Garrett Luebker	830-13 A1A North	Add
		Suite 119	Remove
		Ponte Vedra Beach, FL 32082	2
MGR	Greg Cressman	830-13 A1A North	
		Suite 119	Remove
		Ponte Vedra Beach, FL 32082	2
***			Add
			Remove
			_
			Add
			Remove

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	2013	<u></u>				
,	, A					
	/\	Signature of a me	ember or authorize	ed representative of	f a member	

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILE D.

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SECRETARY OF STATE
SECRETARY SEE, FLORIDA