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COVER LETTER

TO: Registration Section
Division of Corporations

Biomass Services & Transport, 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:

	Name of Person
J. Gre	z Transport, Inc.
	Firm/Company
4014	Hudson Terrace
- 	Address
Tamp	a, FL 33618
	City/State and Zip Code
frank@vi	gilantconsulting.com
E	-mail address: (to be used for future annual report notification)
ther information concerning this m	atter, please call:
nk J. Casey	
IN J. Udaty	013 240-3290

Enclosed is a check for the following amount:

Name of Person

■ \$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:

Daytime Telephone Number

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Biomass Services & Tra	ansport, LLC	
(Name of the Limite	ed Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Li Florida document number L14000044136	ability Company were filed on Ma	arch 17, 2014 and assigned
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name of	the limited liability company k2	<u>e</u> :
The new name must be distinguishable and end with the	words "Limited Liability Company," the d	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE)	BOX)	
B. If amending the registered agent and/oregistered agent and/or the new registered of Name of New Registered Agent:		our records, enter the name of the new
-	4014 Hudson Terrace	7 P
New Registered Office Address:		da street address
	Tampa	, Florida 33618 👻 🕠
	City	Zip Code ()
New Registered Agent's Signature, if changing R	Registered Agent:	D (
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registering filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing of the company has been notified in writing the company has bearth which we will be a company has been notified in writing the	er and complete performance of i stered agent as provided for in C registered office address, I hereb	ny duties, and I am familiar with and hapter 605, F.S. Or, if this document is

Page 1 of 3

If amending the Managers or Authorized Member on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Kimberly Grez	4014 Hudson Terrace	■ Add
			□ Remove
			□ Remove
			□ Add
			□ Remove
			□ Remove
			Add T
		r C	On Remove
		\frac{1}{2}	□ Add
			Remove

			
effective date must be specif	ic, cannot be prior to date of receipt of	r filed date and cannot be m	(optional) ore than 90 days after
e effective date must be specific date this document is filed by			
	ic, cannot be prior to date of receipt of the Florida Department of State)		

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Filing Fee: \$25.00

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