

L14000099770

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16 NOV 18 PM 2:50

DIVISION OF CORP. AFFAIRS

O SIMMONS
NOV 21 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LIFE TO LAND ENVIRONMENTAL SOLUTIONS, 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:

MARK J. FARBER

Name of Person

LIFE TO LAND ENVIRONMENTAL SOL, LLC

Firm/Company

P.O. BOX 7556

Address

DELRAY BEACH, FL. 33482-7556

City/State and Zip Code

MTFARBER@GMAIL.COM

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

For further information concerning this matter, please call:

MARK J. FARBER

Name of Person

at (305)

Area Code

450 2768

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
ARTICLES OF ORGANIZATION
OF

LIFE TO LAND ENVIRONMENTAL SOLUTIONS, 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 Liability Company were filed on NOV. 18, 2016 and assigned
Florida document number 14000099170

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

LIFE TO LAND ENVIRONMENTAL SOLUTIONS USA LLC
The new name must be distinguishable and contain the words "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 ADDRESS)

711 NW 23RD LANE
DELRAY BEACH, FL
33445

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. BOX 7556
DELRAY BEACH, FL
33482-7556

B. If amending the registered agent and/or registered office address on our records, enter the name of the new
registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
City Zip 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

DIVISION OF CORPORATIONS

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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

Title	Name	Address	Type of Action
COO	OLSON, JAMES M	12505 WEST BUCKEYE RD	<input type="checkbox"/> Add
		CASHION, AZ	<input checked="" type="checkbox"/> Remove
		85329	<input type="checkbox"/> Change
COO	MATTHEW B. FARBER	12658 Lloydminster Dr	<input checked="" type="checkbox"/> Add
		DRIVE	<input type="checkbox"/> Remove
		LA. POTOMAC, MD 20878	<input type="checkbox"/> Change
TRES.	OLSON, DANIEL	12505 W. BUCKEYE RD	<input type="checkbox"/> Add
		CASHION, AZ 85329	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
TRES.	ANYA T. FARBER	340 ANN ROSE DR.	<input checked="" type="checkbox"/> Add
		ORANGE, CT 06477	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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DIVISION OF GOVT OPERATIONS

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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DIVISION OF CORRECTIONS

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

Nov. 14, 2016

Signature of a member or authorized representative

Signature of a member of authorized representatives

Mark I. Frank

Typed or printed name of signee