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COVER LETTER

TO: Registration So Division of Con		÷	
Ome	ga wastę serv	ices IIc	·
SUBJECT:		nited Liability Company	
	,		
The enclosed Articles of	Amendment and fee(s) are sub	unitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Kiran Patel		·
	•	Name of Person	
	omega wast	te services llc	
		Firm/Company	
	7287 Beave	er St	
		Address	
	Jacksonville	e, fl 32254	
		City/State and Zip Code	
	Kiranpatel0502@		
For further information o	E-mail address: (oncerning this matter, please c	to be used for future annual report notifi	cation)
kiran patel	oncerning this matter, picase c	 904\307-84	420
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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

omega waste services llc			
(<u>Name of the Limite</u> (<mark>d Liability Compa</mark> A Florida Limited I	ny as it now appears on our records.) hability Company)	, , , , , , , , , , , , , , , , , , ,
The Articles of Organization for this Limited Lia Florida document number w14000047497 This amendment is submitted to amend the followard for the followard formula for the followard for this Limited Lia for the followard for	ability Company LIM - 1 wing:	were filed on 08/04/2014	and assigned
The new name must be distinguishable and end with the w	ords "Limited Liab	ility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	kiran Patel	
(Principal office address MUST BE A STREET	(ADDRESS)	3961 Reds gait lane	
		Jacksonville, FL 32223	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	8 <u>0X)</u>	omega waste 3961 reds gait lane	
		Jacksonville, FL 32223	
B. If amending the registered agent and/or registered agent and/or the new registered off Name of New Registered Agent: New Registered Office Address:	or registered of ice address here kiran patel 3961 reds g		r the name of the new
		Enter Florida street address	2734
	jacksonville	r wrac	2223
New Registered Agent's Signature, if changing Ro	egistered Agent:	City	Zip Code · · · · · · · · · · · · · · · · · · ·
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing the	r and complete pered agent as pered agent as pered office when the pered office when the pered office when the pered of th	performance of my duties, and I am rovided for in Chapter 605, F.S. Or address, I hereby confirm that the la ging Registered Agent, Signature of New R	familiar with and c. if this document is imited liability

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
member	kiran patel	3961 reds gait lane	≣ Add
•		Jacksonville, FL 322	
			Add
			Remove
		·	Add
			□ Remove
			□ Add
			CT CT
			Remove
			Add
			□ Remove

				11
v-em**				
(The effective date must b	er than the date of filing: specific, cannot be prior to date of filed by the Florida Department of		nd cannot be more that	(optional) an 90 days after
Dated	6/14		-4.4	
	Signature of a mem	ber or authorized rep	epatel	har
	KIRAN	ped or printed name o	AREL	

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Filing Fee: \$25.00