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SECRETARY OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Emerald Coust Development and Disposal 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:
Undsay Rogers Name of Person
Emerald Coast Durely ment and Disposal
3011 E James Lee Blvd
Crestview FL 32539 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Angola MCalthoff at (850) 837-7200 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee \& \Bigcup \$55.00 Filing Fee \& \Bigcup \$60.00 Filing Fee.\$ Certificate of Status \$\Bigcup \$certified Copy (additional copy is enclosed) 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

Const Duralina

Emerald Wast	purtup Men wa Visco	> C()
(Name of the Elimited)	Liability Company as it now appears on our reco Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number <u>4500078</u>	bility Company were filed on 5-4-6	2015 and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "Li	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicat	ole:	
Principal office address MUST BE A STREET	ADDRESS)	
		SIGNE
		FARY OF CO
Enter new mailing address, if applicable:		3 34 6
(Mailing address MAY BE A POST OFFICE BOX)		
		2 <u>5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5</u>
B. If amending the registered agent and/or registered agent and/or the new registered offi		ds, enter the name of the n
Name of New Registered Agent:	John B Rogers	
New Registered Office Address:	Enter Florida street add	Pavy
	City	Florida Zip Code
	- v	•

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

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 = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
Mgr	Lundsay Rogers	3011 E James Lee Blrd	
J	v	Crestview, Ft 32539	⊠ Remove
			Change
Mgv	John B. Rogers	3011 E James Lac Blud	jX Add
		Crestulen FE 32539	☐ Remove
			Change
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			(optional)	
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Filing Fee: \$25.00