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D. BRUCE JAN 31 2017

COVER LETTER

SUBJECT: Price's Hauling UC 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:	
Michael E. Price Name of Person	
Price's Hauling LLC	
1243 Huntington Ridge Rd.	
Lynn Haven FL 32444 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Solution Status Solution Sta	

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**

Price's Hau	lling LLC	
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lial	ay as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company we Florida document number <u>LISOONTAIH</u>	were filed onand assigned	
This amendment is submitted to amend the following:		
inis amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: In amending name, enter the new name of the limited liability company here: In amending name, enter the new name of the limited liability company here: In amending name, enter the new name of the limited liability company here: In amending name, enter the new name of the limited liability company here: In amending address address, if applicable: In amending address MUST BE A STREET ADDRESS) If amending address MAY BE A POST OFFICE BOX If amending the registered agent and/or registered office address on our records, enter the name of the Inew gistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address		
The new name must be distinguishable and contain the words "Limited Liability	ty 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)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address here:	r this Limited Liability Company were filed on	
registered agent analog the new registered office address here.	·	
Name of New Registered Agent:		_
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City Zip Code	_ _
Florida document number LISOOOIJ 214 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the pregistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida		

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 = Manager

AMBR = Authorized Member **Title** Name **Address Type of Action** Michael E. Price 1243 Huntington Ridge Rd DAdd Lynn Haven, FL 32444 DRemove MGR _**X** Change □ ∧dd ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Change □ Add □ Remove ☐ Change

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Filing Fee: \$25.00