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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone i	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name	e)
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
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JUN 02 2016 S. YOUNG

COVER LETTER

	egistration Se ivision of Corp					
CUDICA		onmental LLC				
SUBJECT	:	Name of Lim	ited Liability Company			
The enclose	ed Articles of A	Amendment and fec(s) are sub-	mitted for filing.			
Please retur	rn all correspo	ndence concerning this matter	to the following:			
		Sara Cotton Neugaard				
			Name of Person			
		NEU Environmental LLC				
			Firm/Company			5 0
		6661 SW 16 Street			お際	T L X
			Address			1
		Plantation, Florida 33317			27 P	FALLNHASSEE, FLORIDA
			City/State and Zip Code		PH 6:	, ,
		saraneugaard@gmail.com	to be used for future annual report noti	Scation)		,
For further	information co	oncerning this matter, please ca	- -	ication		77.
Sara Cotto	n Neugaard		954 914-0103			
	Name of	Person	Area Code Daytim	e Telephone Number		
Enclosed is	s a check for th	ne following amount:				
□ \$25.00	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed		
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEU Environmental LLC	
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liab Florida document number	ility Company were filed on 11/05/2015 and assigned and assigned
This amendment is submitted to amend the follow	ing:
A. If amending name, enter the new name of th	ne limited liability company here:
NEU Environmental & Planning LLC	
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:
• • •	
(Principal office address MUST BE A STREET)	4 <i>DDRESS)</i>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	<u>X</u>
	תה" סיים יודי פריים
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 offic	e address here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zin 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

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 = A	authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Remove
			Change
			Add
			□ Remove
			□ Change
			□ Adds = To:
			Remove ASSET
			Change
			Remove
			Change
			Add
			□ Remove
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			□ Remove
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- <u></u>		PH 6
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		,
f an effective date is listed, the date i	he date of filing:	(optional) more than 90 days after filing.) Pursuant to 605.0207 (ng requirements, this date will not be listed as t
ne record specifies a delay The 90th day after the r	red effective date, but not an effective ecord is filed.	time, at 12:01 a.m. on the earlier of:
	2016	
Dated May 24th	·	Λ
Dated May 24th	Signature of a member or authorized depresentative	ed

Page 3 of 3

Filing Fee: \$25.00