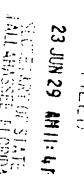
## 115000189260

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## **COVER LETTER**

TO:	Registration Se Division of Cor	ction porations	•	·	
		SOIL AND ENVIRONMENT	IAL SERVICES LLC		
SUBJE	CI:	Name of Lim	ited Liability Company		
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspo	ndence concerning this matter	to the following:		
		MARLA COPELAND ES	TY		
			Name of Person		
		ABC, LLC DBA EASY TA	AX AND ACCOUNTING LLC		
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	<del></del>	
		18467 NW US HWY 441.	STE 70		
			Address		
		HIGH SPRINGS, FL 3264	3		
		<u> </u>	City/State and Zip Code	·	
		EASYTAX@WINDSTREA	AM.NET		
		E-mail address: (	to be used for future annual report notifi	cation)	
For furtl	her information e	oncerning this matter, please ca	all:		
MARL	A COPELAND E	STY	386 454-8959 at ( )		
	Name o	f Person	Area Code Daytime	Telephone Number	
Enclose	d is a check for th	ne following amount:			
<b>■</b> \$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 S		Street Address: Registration Sec	tion	
	Division of C	orporations	Division of Corporations		
	P.O. Box 632		The Centre of Ta		
	Tallahassee. I	FL 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

23 JUN 29 14 11: 43

## FLORIDA SOIL AND ENVIRONMENTIAL SERVICES 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		and assigned
Florida document number L15000189260	<del></del> ,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LL	" or the abbreviation "L.L.C "
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	<del>.</del>
Enter new mailing address, if applicable:	<del></del>	
(Mailing address MAY BE A POST OFFICE BOX)		
	·	
B. If amending the registered agent and/or register		the name of the new registered
agent and/or the new registered office address here	;	
N. C. B. C. L.		
Name of New Registered Agent:		
New Registered Office Address:		
	Engin Elimiti den inc. Ala	
	Enter Florida street addre	
New Registered Agent's Signature, if changing Register	, F	loridaZip Code
New Registered Agent's Signature, if changing Register	City red Agent:	lorida
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and	City  red Agent:  It and agree to act in this capacity. I for complete performance of my duties, a	lorida Zip Code wither agree to comply with the and I am familiar with and
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered	City  red Agent:  It and agree to act in this capacity. I for  complete performance of my duties, a  agent as provided for in Chapter 605	lorida Zip Code wither agree to comply with the and I am familiar with and F.S. Or, if this document is
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and	City  red Agent:  It and agree to act in this capacity, I for a complete performance of my duties, a capacity agent as provided for in Chapter 605, and affice address, I hereby confirm to	lorida Zip Code wither agree to comply with the and I am familiar with and F.S. Or, if this document is
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe	City  red Agent:  It and agree to act in this capacity, I for a complete performance of my duties, a capacity agent as provided for in Chapter 605, and affice address, I hereby confirm to	lorida Zip Code wither agree to comply with the and I am familiar with and F.S. Or, if this document is

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	SANDRA OBANDO	22403 NW 215TH TERR	≣Add
		HIGH SPRINGS, FL 32643	□Remove
			□ Change
			□Add
			Remove
			Change
			□Add
		<del></del>	□Remove
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(If an effec Note: If	tive date is listed, the the date inserted in	an the date of filing: date must be specific and on this block does not mon the Department of Sta	cannot be prior to date eet the applicable st	of filing or more than tatutory filing require	(optional) 0 days after filing.) Pursuant ements, this date will not b	to 605.0207 (3 be listed as the
he record : ord is filed		effective date, but not a	an effective time, at	12:01 a.m. on the ec	rlier of: (b) The 90th da	y after the
Dated _	JUNE 2474		2023			
	$\bigcap_{\alpha}$					
	\ (\)	- / -	<b>\</b>	representative of a men		

Filing Fee: \$25.00

Typed or printed name of signee