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COVER LETTER

TO: Registration Se Division of Cor				
	ironmental Services, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Richard A. Girard			
		Name of Person	 	
		Firm/Company		
	2355 Morningside Drive			
		Address		
	Mount Dora, Florida 3275	7		
ı		City/State and Zip Code		
	ragirard69@hotmail.com	12.6.		
For further information co	n-mail address: (oncerning this matter, please c	to be used for future annual report notificall:	anon)	
Paul Cipparone		321 275-5914 at ()	3 ° .	
Name o	f Person	Area Code Daytime	Telephone Number >	
Enclosed is a check for th	ne following amount:		,	1. > 0
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing I Certificate of Certified Copy (additional copy)	Fee, Fr Status & Garage Y E.

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

per 1, 2015 and assigned			
per 1, 2015 and assigned			
ation "LLC" or the abbreviation "L.L.C."			
rive			
Mount Dora, Florida 32757			
rive			
32757			
32101			
records, enter the name of the			
The state of the s			
reet address Florida 32757			

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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Richard A. Girard	2355 Morningside Drive	□ Add
		Mount Dora, Florida 32757	☐ Remove
			Change
MGR	William Randall Girard	1284 Hawksbill Lane	
		Lake Mary, Florida 32746	Remove
			■ Change
CEO	Richard A. Girard	P.O. Box 1119	□ Add
		Sanford, Florida 32772	Remove
			Change
P	William R. Girard	P.O. Box 1119	
		Sanford, Florida 32772	Remove
			□(Change)
			Add
			یں Remove
			Change
		<u> </u>	Remove

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				2018 FEB	1
		-	- · · ·	523	
Effective date, if other than the	date of filing:		optional)	1	1
Note: If the date inserted in this blo	ck does not meet the applicable statute	ory filing requirements	s after filling s, this date	vill not b	no 605.020 pe listed as
document's effective date on the De	partment of State's records.		; ·)		
ne record specifies a delayed The 90th day after the reco	effective date, but not an effe ord is filed.	ctive time, at 12:	01 a.m∵	_	
Dated January 25	2018				
	Signature of a member or authorized repre-	sentative of a member		<u>-</u>	

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Filing Fee: \$25.00