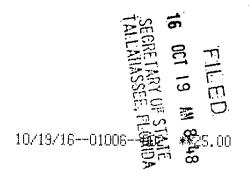
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D. SCOTT 0CT 19 2016

## **COVER LETTER**

	Division of Corporations			
SU	UBJECT: Solid-ONE TRANSPORTATION, LLC  Name of Limited Liability Company			
	Name of Limited Liability Company			
Th	he enclosed Articles of Amendment and fee(s) are submitted for filing.			
Ple	lease return all correspondence concerning this matter to the following:			
	MAXIMO Oti Name of Person			
	Name of Person			
	Firm/Company			
-	JACKSONVILLE FL 32225  City/State and Zip Code			
	Address			
	JACKSONVILLE FL 32225			
	City/State and Zip Code			•
	E-mail address: (to be used for future annual report notification)	TS:	 65	
		ES.		
ro	or further information concerning this matter, please call:		007	=
	MAXIMO O+1 at (201) 403-0360  Name of Person Area Code Daytime Telephone Number	RY OF	OCT 19 AN 8:48	III
	Name of Person Area Code Daytime Telephone Number	一二二	=	O
		25	œ	
En	nclosed is a check for the following amount:	D.F.	8	
×	\$25.00 Filing Fee \$\sum \$	of Status &		

TO:

Registration Section

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

Solid-One Transportation, LLC
(Name of the Limited Liability Company as It how appears on our records.)
(A Florida Limited Liability Company)

·	• • •	
The Articles of Organization for this Limited Liability Compa	any were filed on 10-10-20/6	and assigned
Florida document number		
Florida document number		•
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and contain the words "Limited L	220	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable:		
, ,		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered	d office address on our records, enter	the name of the new
registered agent and/or the new registered office address		
•		5 <b>5</b>
Name of New Registered Agent:		
Tunto of Four Teguston and Teguston		
New Registered Office Address:	Enter Florida street address	- <del>SSS</del>
	Enter r tortaa street aaaress	Mg I P
	, Florida	TO SE
	City	Zip Code O
New Registered Agent's Signature, if changing Registered Ag	ent:	DAF &
I hereby accept the appointment as registered agent and		
provisions of all statutes relative to the proper and comp		
accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of		
verng jueu to merety rejiect a change in the registered of	give address, I hereby conjunit that the tin	anca madiny

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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> **Name** <u>Address</u> Type of Action \_ Add \_□ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add \_□ Remove \_□ Change □ Add ۵ ☐ Change □ Add ☐ Remove ☐ Change

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effective date is listente: If the date inse	her than the date of filing:ed, the date must be specific and cannot rted in this block does not meet the date on the Department of State's	ne applicable statutory fi	(optional) r more than 90 days after filing.) ling requirements, this date	Pursuant 605.
record specifie he 90th day af	s a delayed effective date, ter the record is filed.	but not an effective	e time, at 12:01 a.m. (	on the earlie
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Page 3 of 3

Filing Fee: \$25.00