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S. WARREN

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COVER LETTER

	gistration Se vision of Cor					
eun iezer	MCL Environmental Services, LLC					
SUBJECT:		Name of Limited Liability Company				
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please retur	n all correspo	ndence concerning this matter	to the following:			
		Frank Hinchman				
			Name of Person			
		MCL Environmental Servi	ees, LLC			
		-	Firm/Company			
		7810 Gall Blvd #327				
			Address	···		
		Zephyrhills, FL 33541				
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·		
		mclenviro@gmail.com F-mail address: (to be used for future annual report not	ification)		
For further	information c	oncerning this matter, please ca	-			
Frank Hine	lıman		813 928-5006 at ()			
,	Name o	f Person	Area Code Daytin	ne Telephone Number		
Enclosed is	a check for th	ne following amount:				
\$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 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

MCL Environmental Services, LLC				
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company	were filed on January 4, 2017 and assigned			
florida document number L17000003130				
his amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
he new name must be distinguishable and contain the words "Limited Liabi	fity Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	7810 Gall Blvd #327			
Principal office address MUST BE A STREET ADDRESS)	RESS) Zephyrhills, FL 33541			
Inter new mailing address, if applicable:	7810 Gall Blvd #327			
Mailing address MAY BE A POST OFFICE BOX)	Zephyrhills, FL 33541			
B. If amending the registered agent and/or registered of egistered agent and/or the new registered office address her				
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florida			
	City Zip 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 decomposition 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

<u>Title</u>	Name	Address	Type of Action
		-	Add
			□ Remove
			☐ Change
			
			□ Remove
			Change
			Add
			Remove
			☐ Change
			□ Remove
			Change
		<u></u>	Remove
			Behange Bhange B
			☐ Change

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ffective date, if other than the da an effective date is listed, the date must be	ite of filing:	t be prior to date of t	iling or more than 9	(optiona 0 days after filir	l) ig.) Pursuar	nt to 605,020
<u>iote:</u> If the date inserted in this block ocument's effective date on the Depa	c does not meet th	ie applicable statut	ory filing require	ments, this da	te will not	be listed a
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Filing Fee: \$25.00