# LI7 0000 26962

Office Use Only



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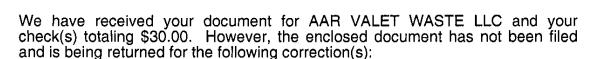
### FLORIDA DEPARTMENT OF STATE Division of Corporations

May 23, 2017

ROBIN EDWARDS 925 PEREGRINE HILL PL RUSKIN, FL 33570

SUBJECT: AAR VALET WASTE LLC

Ref. Number: L17000026962



Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II Supervisor
Registration/Qualification Section

Letter Number: 617A00010390

### **COVER LETTER**

SUBJECT:	AAR VALE	T WASTE LLC								
SUBJECT:		Name of Limi	ted Liability Company	· · · · · · · · · · · · · · · · · · ·						
The enclosed	l Articles of A	Amendment and fee(s) are subr	nitted for filing.							
Please return	all correspon	idence concerning this matter t	to the following:							
		ROBIN EDWARDS								
			Name of Person							
			Firm/Company	<del></del>						
	925 PEREGRINE HILL PLACE									
		Address								
		RUSKIN FL 33570								
		City/State and Zip Code								
	REDWARDS@AARWASTECOLLECTION.COM									
		E-mail address: (to	o be used for future annual report	notification)						
For further in	nformation co	ncerning this matter, please ca	11:							
ROBIN EDWARDS			727 482-678 at ()							
	Name of	Person	Area Code Da	ytime Telephone Number						
Enclosed is a	check for the	e following amount:								
□ \$25.00 F	iling 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:

TO:

Registration Section Division of Corporations

> 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

AAR VALET WASTE LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{117000026962}{}$ .	were filed on FEB. 2-2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
AAR WASTE COLLECTION LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	19046 Bruce B Downs Blvd Ste 1002. Tar	npa, FL 33647
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	· · · · · · · · · · · · · · · · · · ·	ne name of the nev
Name of New Registered Agent:		i co
New Registered Office Address:	Enter Florida street address	7
	, Florida	ω
New Registered Agent's Signature, if changing Registered Agent:	City : 1	Zip <b>de</b>
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties, and I am far	niliar with and

If Changing Registered Agent, Signature of New Registered Agent

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 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 □ Remove ☐ Change □ Add □ Remove \_□ Change \_□ Add □ Remove

☐ Change

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Note: If th	e date insert	the date must to ed in this bloc te on the Dep	k does not n	neet the ap	plicable							
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Filing Fee: \$25.00