## 1170000046817

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**S Warren** MAR 2 8 2017

## **COVER LETTER**

Divi	ision of Corpo	orations		
SUBJECT:	Soil Tech Lai	nd Services of Florida LLC		
SUBJECT.		Name of Limi	ited Liability Company	
The enclosed	Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return	all correspond	dence concerning this matter	to the following:	
		William F. Allen		
Name of Person				
Soil Tech Land Services of Florida LLC				
Firm/Company				
	P.O. Box 6997			
	Address			
		Spring Hill, FL 34611		
			City/State and Zip Code	
		billallen@stlsfl.com		
		E-mail address: (t	o be used for future annual report notificat	ion)
For further in	iformation con	cerning this matter, please ca	ill:	
William F. A	Allen		352 293,2446	
	Name of F	erson		lephone Number
Enclosed is a	check for the	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)

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 ARTICLES OF ORGANIZATION **OF**

Soil Tech Land Services of Florida LLC			
( <u>Name of the Limited Liabilit</u> (A Florida	y Company as it now a Limited Liability Comp	opears on our records.) any)	
The Articles of Organization for this Limited Liability Co Florida document number <u>L17000046817</u>	ompany were filed o 	n February 27, 2017	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ted liability compar	ny here:	
The new name must be distinguishable and contain the words "Limi	ted Liability Company,"	the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	ESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr  Name of New Registered Agent:		s on our records, <u>ent</u>	er the name of the no
	· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:	Ente	r Florida street address	
		, Florida	Zip Code
	City		Zip Code
New Registered Agent's Signature, if changing Registered	l Agent:		
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co			

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 Page 1 of 3

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>	Address	Type of Action
MGR	William F. Allen	P. O. Box 6997	<b>≅</b> Add
		Spring Hill, FL 34611	□ Remove
			Change
			Add
			□ Remove
			☐ Change
	<del></del>		Add
			□ Remove
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Note: If	f the date inserted in t	this block does no	ing: and cannot be prior to date of filing of t meet the applicable statutory f	r more than 90 days a lling requirements,	fter filing.) Pursuant this date will not b	o 605.020 e listed a
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