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Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Blo	Environmental	Incontrol LLC	
SUBJECT:		ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	<u>Chr</u>	SHON S Maffia Name of Person	
	BIO Envi	Firm/Company	l UC
	455 NE	5th Ave Swite	D 345
		cach FL 33483 City/State and Zip Code	3
	E-mail address: (1	31 olabs (a) aul, com to be used for future annual report notifications	ication)
	oncerning this matter, please ca		-6548
Name of	f Person	at 56/ 702 Area Code Daytime	e Telephone Number
Enclosed is a check for th	e 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

Party and the Land

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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

Blo Environmental	Incontrol LLC	
(Name of the Limited Liability (A Florida	ty Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on March 23, 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited ENURON mental	Co. LLC	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:		
<u> Principal office address MUST BE A STREET ADDR</u>	(ESS)	3
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		Tan .
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		e name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code
	City	en come

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

MGR = N $AMBR = N$	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			☐ Change
<u> </u>			□ Add
			Remove
			☐ Change
			☐ Add> ☐ Remove ☐ Change ☐
			☐ Change ³
	·		☐ Add
			Remove
		-	□ Change
			Add
			□ Remove
			Change
		-	Add
			Remove
			□ Change

· •11	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·

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an effect	e date, if other than the date of filing: (optional) ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
ote: II ocument	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it's effective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
	M1 27
ated	March 27 , 2017
	(MMM)
	Signature of a member or authorized representative of a member
	Christian S Markia

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Filing Fee: \$25.00