## L17000192935

| (Requestor's Name)                      |
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| (Address)                               |
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| (City/State/Zip/Phone #)                |
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| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
|   |
| (December)                              |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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STONELMAY OF STATE
JALLAHASSEE, FLORIDA

S. WARREN 0CT 1 1 2017

## **COVER LETTER**

| TO: Registration Section Division of Corporations  |
|--|
| SUBJECT: M+D Environmental Solutions, LLC Name of Limited Liability Company  |
| The enclosed Articles of Amendment and fee(s) are submitted for filing.  |
| Please return all correspondence concerning this matter to the following:  |
| Leandrew Mills, Ir   |
| M+D Environmental Solutions, LLC<br>Firm/Company   |
| 10438 Lem Turner Rd Address  |
| Tacksonville, FL 32218  City/State and Zip Code  Manddenvironsolu@ Vahoo. com  E-mail address: (to be used for futpre annual report notification)  |
| E-mail address: (to be used for future annual report notification)   |
| For further information concerning this matter, please call:   |
| Leandrew Mills, IV at 904, 704-4266  Name of Person Area Code Daytime Telephone Number   |
| Enclosed is a check for the following amount:  |
| \$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee \& \Bigcup \\$55.00 Filing Fee \& \Bigcup \\$60.00 Filing Fee,  Certificate of Status \$\Bigcup \\$ (additional copy is enclosed) \$\Bigcup \Bigcup \Bigc |

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

| (Name of the Limited Liability C<br>(A Florida Lin   | ompany as it now appears o<br>med Liability Company)                           | on our records.)   |
|--|--|--|
| The Articles of Organization for this Limited Liability Com  | pany were filed on   | and assigned   |
| Florida document number  |  |  |
| This amendment is submitted to amend the following:  |  |  |
| A. If amending name, enter the new name of the limited   | liability company here   | ;  |
| The new name must be distinguishable and contain the words "Limited  | Liability Company," the desi   | gnation "L.L.C" or the abbreviation "L.L.C."   |
| Enter new principal offices address, if applicable:  |  |  |
| (Principal office address MUST BE A STREET ADDRES  | <u> </u>   |  |
|  | <del></del>  |  |
| Enter new mailing address, if applicable:  |  |  |
| (Mailing address MAY BE A POST OFFICE BOX)   | <del></del>  |  |
| B. If amending the registered agent and/or register- registered agent and/or the new registered office address  Name of New Registered Agent:  | s here:  |  |
| New Registered Office Address:   |  |  |
| The registered stage than 1  | Enter Florid   | a street address   |
|  |  | , Florida<br>Zip Code  |
| at the state of the same of th | City   | гр Соце  |
| New Registered Agent's Signature, if changing Registered A   |  | in I found in many to annually with the  |
| I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compactept the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change.  | plete performance of n<br>nt as provided for in Ch<br>office address, I hereby | ny duties, and I am familiar with and papter 605, F.S. Or, if this document is confirm that the limited limiting |
| '  | a Changing Registered Age  | nt, Signature of New Registered Scent  |

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 **Type of Action** Title Name **Address** MGR Kyle Dean Winter Haven, FL 33884 Remove Change MGR Leandrew Mills, Jr 5179 Johnson Creek Dr Jackson ville, FL 32318 Change Brenda Y. Mills 5179 Johnson Creek Dr. DAdd Jocksonville, FL 32218 ☐ Change / □ Add ☐ Remove ☐ Change □ Add ☐ Remove

| Tective date, if other than the date of filing:  In effective 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 foots: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be becoment's effective date on the Department of State's records.  The goth day after the record is filed.  It will be a considered the properties of a member of authorized representative of a member of a member of authorized representative of a member of a member of a printed name of signee.   |                         | n additional sheets, if necessary.)           |                                |                                | ,                |
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|   | 17 OCT                  |   |                                |                                |                  |
| Page 3 of 3   | TIO AN                  | agnee<br>ジン<br>クデ                             |                                |                                |                  |

Filing Fee: \$25.00