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SECRETARY OF STATE TALLAHASSEE, FLORIDA

TO: Registration Sect Division of Corpo		, ·	,
SUBJECT: BC	Mame of Limite	LUIYON MEN ed Liability Company	tal, LLC
The enclosed Articles of A	mendment and fee(s) are subm	itted for filing.	
Please return all correspond	lence concerning this matter to	the following:	
	Eric Sm	Name of Person	
			ntal, LC
	8814 Bay Po	Address	204
	Tampa, 1	City/State and Zip Cod	-
			d report notification)
For further information con	cerning this matter, please cal	l:	
Eric Smi	+h Person	at (954) Area Code	261 - 0294 Daytime Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is a	Certificate of Status &
Registrat Division P.O. Box	G ADDRESS: ion Section of Corporations 6327 see, FL 32314	Registr Divisio Clifton	CT/COURIER ADDRESS: ation Section n of Corporations Building secutive Center Circle

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bull Gator Env	iron	mental, LL	C		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it no Liability C	w appears on our record ompany)	<u>s.</u>)		
The Articles of Organization for this Limited Liability Company Florida document number <u>し17000 20 330ヌ</u>	were file	ed on 10/2/20) <u> </u>	nd assigned	l
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility com	ipany here:			
The new name must be distinguishable and contain the words "Limited Liabil	lity Compa	ny," the designation "LLC	or the abbreviat	ion "L.L.C."	_
Enter new principal offices address, if applicable:	68	34 County	Road 5	1.S_ & _	SE SE
(Principal office address MUST BE A STREET ADDRESS)		shaell , FL		" 第一	LAHAS
Fatar and malling address if annihables				8 24	HASSLE FLOR
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				7: \$6	LORIDA
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:		ress on our record	s, enter the n	ame of th	e new
New Registered Office Address:		Enter Florida street addres	is		
			orida		
New Registered Agent's Signature, if changing Registered Agent:	City		Zip	Code	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as public to merely reflect a change in the registered office company has been notified in writing of this change.	perform providea	ance of my duties, at for in Chapter 605,	nd I am familio F.S. Or, if this	ar with and document	1
If Char	nging Reg	ktered Agent, <u>Signature</u>	of New Registere	d Agent	

Page 1 of 3

	g Authorized Person(s) authorized to m from our records:	ianage, <u>enter the title, name, ai</u>	nd address of each person being add
MGR = M AMBR = A	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
<u></u>			
			☐ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			□ Change
			Add
			□ Remove
			Change
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			Change
			□ Remove
			☐ Change

If amending any other information, enter change	e(s) here: (Attach	additional sheets, if necessary.)	
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Affective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot note: If the date inserted in this block does not meet the document's effective date on the Department of State's	ne applicable statuto	(optional) ing or more than 90 days after filing.) Pursuant or filing requirements, this date will not b	to 605.0207 (ne listed as t
e record specifies a delayed effective date, The 90th day after the record is filed.	but not an effe	tive time, at 12:01 a.m. on the ϵ	earlier of:
E. Sett	2018.		
·	_	entative of a member	_
Eric Sn	nith		
Турес	d or printed name of s	unce	
	Page 3 of 3		

Filing Fee: \$25.00