

LI7000 203302

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

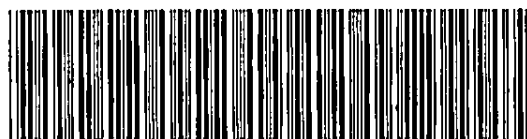
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900320361639

11/05/18--01021--014 **99.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11:00P - 4 PM 3-4-7

Amend

NOV 20 2018
D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BULLGATOR ENVIRONMENTAL, 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:

BERNARD E MOFFITT

Name of Person

BULLGATOR ENVIRONMENTAL, LLC

Firm/Company

407 WEST NOBLE AVE APT A

Address

BUSHNELL

City/State and Zip Code

FL 33513

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BERNARD E MOFFITT

813

495-3359

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
DIVISION OF STATE
CORPORATIONS
18 MAY -5 PM 3:47

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BULLGATOR ENVIRONMENTAL, L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/02/2017 and assigned Florida document number L17000203302.

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 designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

407 WEST NOBLE AVE APT A

(Principal office address MUST BE A STREET ADDRESS)

BUSHNELL, FL 33513

Enter new mailing address, if applicable:

407 WEST NOBLE AVE APT A

(Mailing address MAY BE A POST OFFICE BOX)

BUSHNELL, FL 33513

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

BERNARD E MOFFITT

New Registered Office Address:

407 WEST NOBLE AVE APT A

Enter Florida street address

BUSHNELL

Florida 33513

City

Zip Code

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	BERNARD E MOFFITT	407 WEST NOBLE AVE APT A	<input type="checkbox"/> Add
		BUSHNELL, FL 33513	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	ERIC SMITH	825 SW 16TH CT	<input type="checkbox"/> Add
		FT. LAUDERDALE, FL 33315	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SAIGE SMITH	825 SW 16TH CT	<input type="checkbox"/> Add
		FT. LAUDERDALE, FL 33315	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated _____ NOVEMBER 1ST 2018

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

BERNARD E MOFFITT

Typed or printed name of signee