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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

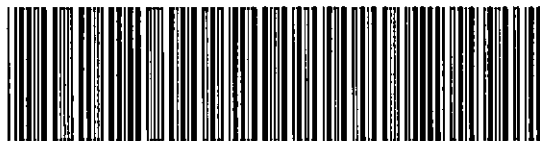
(Business Entity Name)

(Document Number)

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2020 APR -3 PM 1:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 15 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Agricultural Waste Management, 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:

Jose Gomez  
Name of Person

Agricultural Waste Management, LLC  
Firm/Company

132 Nottingham Road  
Address

Royal Palm Beach FL 33411  
City/State and Zip Code

jgomez@wellingtona.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jose Gomez at (561) 889-9016  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

Agricultural Waste Management, LLC  
(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 April 1, 2020 and assigned Florida document number L17000210508

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

same name

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:**

**(Principal office address MUST BE A STREET ADDRESS)**

same address

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

same

**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:**

Jose Gomez (same agent)

**New Registered Office Address:**

132 Nottingham Rd.

Enter Florida street address

Royal Palm Bch

City

Florida

33411

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	Jose Gomez	132 Nottingham Rd Royal Palm Bch FL. 33411	<input checked="" type="checkbox"/> Add (same) <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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SECRETARY  
TALLAHASSEE FL ORIO.  
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Everything on our Detail by Entity Name  
is staying the same. We only want  
to change authorized Person Detail  
to "manager" instead of "President"

2020 APR -3 PM 1:20  
STATE DEPT OF STATE  
MAIL ROOM  
FBI

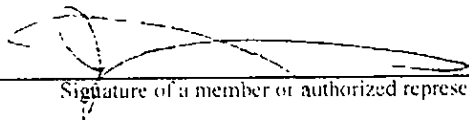
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 \_\_\_\_\_



Signature of a member or authorized representative of a member

\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00