

L17000234936

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

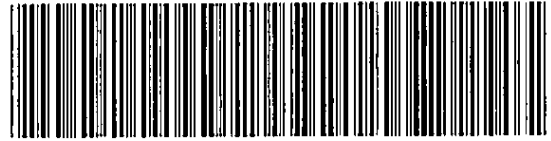
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NORTH FLORIDA WASTE DEMO AND SITE WORK LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

KRISTI ANN ZAINI

Name of Person

NORTH FLORIDA WASTE DEMO AND SITE WORK LLC

Firm/Company

525 WETHERBY LANE

Address

SAINT AUGUSTINE FL 32092

City, State and Zip Code

KRISTIZAINI@GMAIL.COM

E-mail address to be used for future annual report notification.

For further information concerning this matter, please call:

KRISTIZAINI

904 520-0338

Name of Person

Area Code

Local or Toll-free 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 \$24.00)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy \$24.00)

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**

NORTH FLORIDA WASTE DEMO AND SITE WORK 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 11/13/2017 and assigned
Florida document number L17000234936

This amendment is submitted to amend the following:

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

NORTH FLORIDA WASTE MANAGEMENT AND DEMOLITION, LLC

(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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2023 DEC 21 AM 10:17
SEC 117
FILED

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:

New Registered Office Address:

(Enter the state of the new registered office address)

(City)

(State) Florida

(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 declaration 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:

AMCR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	_____	_____	Add
		_____	Remove
		_____	Change
_____	_____	_____	Add
		_____	Remove
		_____	Change
_____	_____	_____	Add
		_____	Remove
		_____	Change
_____	_____	_____	Add
		_____	Remove
		_____	Change
_____	_____	_____	Add
		_____	Remove
		_____	Change
	_____	_____	Add
		_____	Remove
		_____	Change

[illegible]

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

Dated NOVEMBER 17 1911 2023

KRISTIANI

Filing Fee: \$25.00