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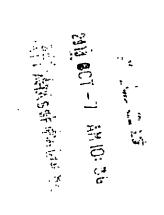
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## **COVER LETTER**

TO:

TO: R	Registration Division of C	Section Corporations		,
SUBJECT	FPT En	vironmental, LLC		
	<del></del>	Name of	Limited Liability Company	
				The Edward
The enclose	ed Articles o	of Amendment and fee(s) are	submitted for filing.	
Please retur	rn all corres	pondence concerning this mat	ter to the following:	
		Alvaro M. Zuluaga		
		<del></del>	Name of Person	
		FPT Environmental, LL	С	
			Firm/Company	
		12014 NW 13th Street		
			Address	
		Pembroke Pines, FL 330	026	
		a.zuluaga@fiberpro.org	City/State and Zip Code	
		E-mail address	to be used for future annual report notif	ication)
or further in	nformation o	concerning this matter, please		
Alvaro M. Z	Zuluaga		954 673-5501	
<u> </u>	Name o	of Person	at ()	Telephone Number
		he following amount:		
<b>3</b> \$25.00 F	iling Fec	☐ \$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)
	MAILI Registre	ING ADDRESS:	STREET/COURIE	R ADDRESS:
	Divisio P.O. Bo	ation Section n of Corporations ox 6327	Registration Section Division of Corporat Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

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

FPT Environmental, LLC

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

(** Contract Machine, Company)	12 m
The Articles of Organization for this Limited Liability Company were filed on 11/20	/2017
Florida document number L17000239114	/2017and assigned
This amendment is submitted to amend the following:	All and a second a
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 desig	nation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable:	as a
(Principal office address MIST RE A STREET ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our registered agent and/or the new registered office address here:	r records, enter the name of the r
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida st	reet address
	, Florida
City  lew Registered Agent's Signature, if changing Registered Agent:	, Florida

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

tt amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person\_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Christopher D. Johnson	1433 NW 122nd Terrace	<u> </u>
			□ Add
		Pembroke Pines, FL 33026	□ n
			■ Remove
			Change
<del></del>			
			Remove
			Change
<del></del>			
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Eec.	
(If an eff	ive date, if other than the date of filing:
	ective 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 filed the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
docum	ent's effective date on the Department of State's records.
. 1	
the red ) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
_	or of other the record is med.
Dated	10/01/2019
24.00	
	(in)
	Signature of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00