## 417000256573

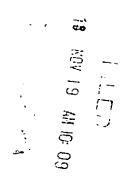
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O SIMMONS DEC 0 1 2018

## **COVER LETTER**

D	egistration Se vivision of Cor			
end nega		aste Services, LLC		
SUBJECT	ř:		ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	ırn all correspo	ndence concerning this matter	to the following:	
		Paul J Simon		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		Bayside Waste Services, I.	.I.C	
			Firm/Company	<del></del>
		6820 W Linebaugh Ave St	uite 105	
			Address	
		Tampa, FL 33625		
		<del> </del>	City/State and Zip Code	<del></del>
		psimonbws@gmail.com		
		E-mail address: (	to be used for future annual report notifi	cation)
For further	r information co	oncerning this matter, please ca	all:	
Paul Simo			at ()	Telephone Number
	Name of	l Person	Area Code Daytime	Telephone Number
Enclosed i	s a check for th	ne 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liability Com</u> (A Florida Limite	npany as it now appears on our record Liability Company)	<u>ds.</u> )	
The Articles of Organization for this Limited Liability Comparation document number <a href="https://example.com/limited-liability-comparation-in-in-in-in-in-in-in-in-in-in-in-in-in&lt;/th&gt;&lt;th&gt;ny were filed on 12/15/2017&lt;/th&gt;&lt;th&gt; and assigned&lt;/th&gt;&lt;/tr&gt;&lt;tr&gt;&lt;th&gt;This amendment is submitted to amend the following:&lt;/th&gt;&lt;th&gt;&lt;/th&gt;&lt;th&gt;&lt;/th&gt;&lt;/tr&gt;&lt;tr&gt;&lt;th&gt;A. If amending name, enter the new name of the limited li&lt;/th&gt;&lt;th&gt;ability company here:&lt;/th&gt;&lt;th&gt;&lt;/th&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;he new name must be distinguishable and contain the words " lie<="" limited="" td=""><td>ability Company," the designation "LL</td><td>C" or the abbreviation "L.L.C:"</td></a>	ability Company," the designation "LL	C" or the abbreviation "L.L.C:"	
Enter new principal offices address, if applicable:		-	
Principal office address MUST BE A STREET ADDRESS)			
		70 50	
Inter new mailing address, if applicable:		<u>=</u> 5	
Mailing address MAY BE A POST OFFICE BOX)	<del> </del>	. 00	
numing dudiess may be at our office box	<del></del>		
B. If amending the registered agent and/or registered egistered agent and/or the new registered office address h		ls, enter the name of the	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street addre	'SS	
	, F	loridaZip 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Frank J Zinna	7397 Royal Oak Dr Spring Hill, FL 34607	Add
			☐ Remove
			Change
		<del></del>	
			Add \
			Change
			□ Add
		<del></del>	□ Remove
			☐ Change
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ective date, if other than the date effective date is listed, the date must be spec. If the date inserted in this block doument's effective date on the Department.	es not meet the appli	cable statutory filing rec	(optional) nan 90 days after filing puirements, this date	.) Pursuant to 605.02 will not be listed
record specifies a delayed effe he 90th day after the record i		ot an effective time	e, at 12:01 a.m.	on the earlier
ed 11-14-2018	1. <u> </u>	·		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00