L17000256573

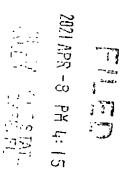
(Requestor's Name)
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PICK-UP WAIT MAIL
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(Document Number)
Certified Copies Certificates of Status
Carriell I. C. J. Etc. Off
Special Instructions to Filing Officer:

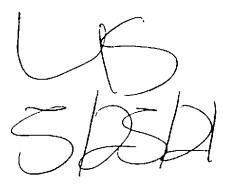




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COVER LETTER

· TO:

Tallahassee, FL 32314

TO: Registration S Division of Co			
SUBJECT: Baysid	e Waste Services LLC		
Sobject,		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	Paul Simon		
		Name of Person	202
			2021 APR
		Finn/Company	
	Post Office Box	386	PR
		Address	PH 4:
	St. Petersburg,	Florida 33731	ं जि
		City/State and Zip Code	
	paul@baysidev		
		to be used for future annual report noti	fication)
For further information of	concerning this matter, please co	all:	
Paul Simon		at (<u>727</u>) 919-19	927
Name o	of Person		e Telephone Number
F 1 1: 1 (c)			
Enclosed is a check for t	-		
	□ \$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 Addres		Street Address:	ation.
Registration Section Division of Corporations		Registration Sec Division of Cor	
P.O. Box 6327		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dayside vvaste Services LLC	
(A Florida Limited	Pany as It now addears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Compan Florida document number L17000256573	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
BWS DIP LLC	~
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable:	146 414 AVENE 1/2+40-
(Principal office address MUST BE A STREET ADDRESS)	5+ Paters burg, FL 33701
Enter new mailing address, if applicable: (Mailing address MAY BB A POST OFFICE BOX)	146 4/h Are NE West 5/03
WALLES OF THE BOX	A Petershows FL 33701
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	· ·
New Registered Office Address:	
	Enter Florida street address
	. Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agents	

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

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
		:	Remove
		:	Remove OChange
			□Add
			□Remove
			□Change
 -			□Add
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Effective date, if other than if an effective date is listed, the date Note: If the date inserted in this document's effective date on the	e Department of State's rec	ords.	reduieneur, fuis di	ate will not be listed	las 1
e record specifies a delayed effer rd is filed.	ctive date, but not an effecti	ive time, at 12:01 a.m. or	the earlier of: (b)	The 90th day after t	he
Dated 3 · 20	, 20	<u> 21</u> .			
					
	presente of member or	authorized representative of	a member		

Filing Fee: \$25.00