Division of Corporations 1/7/25, 2:49 PM

> Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

> > (((H25000007773 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:				

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **ENVIROSPECT LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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Corporate Filing Menu

Help

1/7/2025.41:51:58 FST To: 18506176383 Page: 2/4 Fex: 8134365206

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ENVIROSPECT LLC		
(Name of the Limited Liability (A Florida I	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Co		
	mpany were med on	, and using.
Florida document number £24000441143	<u>-</u> ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
Enter new mailing address, if applicable:		20
(Mailing address MAY BE A POST OFFICE BOX)		25.
Training water, Mill DE 111 001 01 1102 11019		D
B. If amending the registered agent and/or registered	office address on our records, enter th	e name of the new registered
agent and/or the new registered office address here:	<u></u>	
Name of Nam Designated August		- 5
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flori	
	City	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.

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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>	Address	Type of Action
AMBR	Farrington, Stephanie	7901 4TH ST N STE 300	≣ Add
		ST. PETERSBURG, FL 33702	□Remove
			□Add
			□Remove
			Change
 			
			□Remove
			□Remove
			Change
			□Add
			□Remove
			□Change
···			□Add
			□Remove
			Cit hangs

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ffective date, if other than the data an effective date is listed, the date must be total. If the date inserted in this blococument's effective date on the Department.	e specific and cannot c does not meet the	be prior to date of applicable stat	filing or more than	90 days after fifing.) P	ursuant to 605,0207 If not be listed as
record specifies a delayed effective of is filed.	ate, but not an effo	ective time, at 1	2:01 a.m. on the e	artier of: (b) The 9	With day after the
January 7th	2025				
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Robins	1 pour			t	