118000284031

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	Idress)	
(Ci	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	· — _ · — · · · ·
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COVER LETTER

TO:	Registrati Division o	Section orporations	
CIIDI		ndustrial Services, LLC	
SUBJ	ECT:	Name of Limited Liability Company	
The er	nclosed Artic	of Amendment and fee(s) are submitted for filing.	
Please	return all co	pondence concerning this matter to the following:	
		Kimberly Gough	
		Name of Person	
		M & D Industrial Services, LLC	
		Firm/Company	
		2633 Abaione Blvd	
		Address	
		Orlando, FL 32833	
		City/State and Zip Code	
		kgough@mdindustrialservices.com	
		E-mail address: (to be used for future annual report notification)	
For fu	rther informa	concerning this matter, please call:	
Kimb	erly Gough	704 589-1516 at ()	_
	N	of Person Area Code Daytime Telephone Number	_
Enclos	sed is a check	the following amount:	
□ \$2	25.00 Filing F	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee & Certificate of Status	Status &

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

M & D Industrial Services, LLC

2019 JXH 28 P 12 84

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

(A Florida Limited Li	іавину Сотрапу)	
The Articles of Organization for this Limited Liability Company vi Florida document number L18000284031	were filed on December 11, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the abbi	eviation "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)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		ne name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code
	City	my cour

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Charles Dailey	648 Foothills Trace	
		Chelsea, AL 35043	■ Remove
			☐ Change
AMBR	Rodney Mays	72 Longview Drive	
		Jasper, AL 35504	■ Remove
AMBR	Fred Portote	1336 Eustis Road	= Add
		Eustis, FL 32726	Remove
			☐ Change
			
			☐ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change

 				
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Tective date, if other than the an effective date is listed, the date muote: If the date inserted in this b	lock does not meet the ap	oplicable statutory	or more than 90 days afte filing requirements, th	i onal) r filing.) Pursuant to 605.0207 is date will not be listed as
ocument's effective date on the D	epartment of State's reco	ords.		
e record specifies a delaye The 90th day after the rec		t not an effecti	ve time, at 12:01	a.m. on the earlier of
ated	. 2019			
1/1/1		-	tative of a member	

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Typed or printed name of signee

Filing Fee: \$25.00