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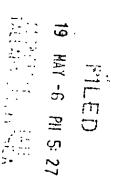
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



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O SIMMONS MAY 20 2019

## COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT: WAST	DLC. LLC		
SUBJECT: WIND.	Name of Lim	ited Liability Company	
The enclosed Articles of Am	endment and fee(s) are sub-	mitted for filing.	
Please return all corresponde	nce concerning this matter	to the following:	
	Delborah 1	Visler Charles Name of Person	<del></del>
		1 DCC, LLC	
		TimeCompany	
	3463 Razi	ne dri're <del>Helbour</del> Address	<u>ne</u>
	Melbou	City/State and Zip Code	
_		WasidlCintenors. Co	<u> </u>
* Contoning			fication)
For further information conc	·		
Deborah L. C	harles	at ( <u>321</u> ) <u>243 -</u> Area Code Daytime	- 0478
Name of te	3011	Mea Code Dayting	receptone (vania)
Enclosed is a check for the fo	ollowing amount:		
SS \$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)
Registratio Division o P.O. Box 6	f Corporations 327	STREET/COURI Registration Sectio Division of Corpor Clifton Building	n Pations
Tallahasse	e. FL 32314	2661 Executive Ce	nter Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Company as it now appears or Limited Liability Company)	our records.)
ompany were filed on <i>Q_</i>	3/19/2019 and assigned
ed liability company here:	
<i>*</i>	
ed Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
ESS)	
	5: 27
ered office address on or ess here:	ur records, enter the name of the new
Enter Florida	street address
	_, Florida
City	Zip Code
	ed liability company here:  ed Liability Company," the designment of the designment of the liability Company and the lia

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 = A	authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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		TL; 32901	Remove
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Page 3 of 3

Filing Fee: \$25.00