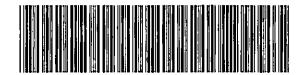
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Office Use Only

COVER LETTER

TO:

Registration Section Division of Corporations

Southwest Waste Services, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Charles Lomangino Name of Person Southwest Waste Services, LLC Firm/Company 2442 Rockfill Road Address Fort Myers, Florida 33916 City/State and Zip Code clomangino@I2gholdings.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Amy C. MacF. Burbott, Esq. Daytime Telephone Number Name of Person Enclosed is a check for the following amount: XI \$25.00 Filing Fee ☐ \$55.00 Filing Fee & ☐ \$30.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Southwest Was	ste Services, LLC			
(Name of the Limited Liability Compa) (A Florida Limited L	ny as it now appears on our records.)			
The Articles of Organization for this Limited Liability Company	were filed on04/03/2019	and assigned		
Florida document numberL19000092202				
This amendment is submitted to amend the following:				
·				
A. If amending name, enter the new name of the limited liabi	lity company here:			
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abb	reviation "L.L.C "		
Enter new principal offices address, if applicable:	2442 Rockfill Road			
(Principal office address MUST BE A STREET ADDRESS)	Fort Myers, Florida 33916			
Enter new mailing address, if applicable:	2442 Rockfill Road			
(Mailing address MAY BE A POST OFFICE BOX)	Fort Myers, Florida 33916			
		<u> </u>		
B. If amending the registered agent and/or registered office a	ddress on our records, <u>enter the name</u>	of the new registered		
agent and/or the new registered office address here:				
AL CALL DE LA				
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address	蓋。		
	, Florida	Zıp Code		
	City	Zip Coale T		
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agre				
provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p				
heing filed to merely reflect a change in the registered office c				
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
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ocument's effectiv	e date on the Department of	of State's records.			
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record specifies a l is filed.	delayed effective date, but	not an effective time	2. at 12:01 a.m. on t	he earlier of; (b)	The 90th day after the
ated	March 15	. 2021			
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Filing Fee: \$25.00