19000096927

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2023 JUN 13 AM 7: 57

7/31/2023

COVER LETTER

TO: Registration Se Division of Con			
Sienna Site	Servies, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The england Amiolog of	Amendment and fee(s) are sub	amitted for filing	
	ondence concerning this matter	_	
riease return an correspo	ondence concerning this matter	to the lonowing.	
	Brian Mathews		
		Name of Person	
	Sienna Site Services, LLC		
		Firm/Company	
	7991 North West 168th La	ne	
		Address	
	Trenton, FL 32693		
		City/State and Zip Code	•
	brianmathews 1968@gmail.	com to be used for future annual report noti	fication)
For further information of	oncerning this matter, please c	·	
Brian Mathews		352 210-7012 at ()	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	S30.00 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 Address Registration S		<u>Street Address:</u> Registration Se	ction
Division of Corporations		Division of Cor	porations
P.O. Box 632 Tallahassee,		The Centre of T 2415 N. Monro	Tallahassee e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2023 JUN 13 AM 7:57

Sienna Site Services, LLC

(Name of the Limited Lia (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)	TATE LEEDER
The Articles of Organization for this Limited Liabilit Florida document number L19000096927	y Company were filed on 04/08/2019	and assigned
This amendment is submitted to amend the following	;	
A. If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe agent and/or the new registered office address her		e name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
The in Avgistation of the Audices.	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.

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
MGR	Renec Mathews	6991 North West 73rd Lane	
		Chiefland, FL 32626	■Remove
			□ Change
MGR	Scott Fowler	10350 North West 101st Street	= Add
		Chiefland, FL 32626	□ Remove
			□ Change
	<u> </u>		
			□ Remove
			Change
			□ Remove
·····			
			□Remove
			Change
			□ Add
			Remove
			Changa

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Effortivo de	of other than the date of filing: (ontings)
Note: If the	date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as effective date on the Department of State's records.
he record spec ord is filed.	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	June 6,2023
7,	(K.S. 911. LL _)
~ ·	Signature of a member or authorized representative of a member

Filing Fee: \$25.00