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## **COVER LETTER**

TO:	Registration Se Division of Cor			
eran ir		ironmental Services LLC		
SUBJE	W.1:	Name of Lin	nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Debra Foster		
		Devas Environmental Serv	Name of Person vices	
		11809 Autumn Creek Dr	Firm/Company	
		Riverview, Fl. 33569	Address	
		foster.debra@att.net	City/State and Zip Code	<del></del>
		E-mail address: (	to be used for future annual report notif	ication)
For furt	ther information c	oncerning this matter, please co	all:	
Debra I	Foster		937 974-9622 at ()	
	Name o	f Person		: Telephone Number
Enclose	ed is a check for th	ne following amount:		
□ <b>\$</b> 25	5.00 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)

MAILING ADDRESS:

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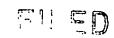
TO:

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



DEVA'S ENVIRONMENTAL SERVICES, LLC

2019 AUG -8 PM 6: 23

(Name of the Limited Liabi	lity Company as it now appears on our records.) da Limited Liability Company)	<del></del>
(A Flond	па Енинес Главину Сотрапу)	: ·
The Articles of Organization for this Limited Liability (	Company were filed on June 13, 2019	and assigned
Florida document number L19000157329		
	<u> </u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
•	nr.cc)	
Principal office address MUST BE A STREET ADD	KESS)	
Enter new mailing address, if applicable:		·····
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or regis	stered office address on our records, g	nter the name of the
egistered agent and/or the new registered office add	<u>lress here</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
······································		
	Enter Florida street address	
	Enter Florida street address , Floric	la

### 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> Kyle Dean	Address 11809 Autumn Creek Dr	Type of Action
MGR	•	Riverview, Fl. 33569	
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n effecti <u>te:</u> If	date, if other than the dive date is listed, the date must be the date inserted in this bloce. I's effective date on the Dep	ate of filing: be specific and cannot be p k does not meet the ap	plicable statutory fil	more than 90 days after fing requirements, this	ling.) Pursuant to 605,0207
recor he 90	rd specifies a delayed of Oth day after the recor	effective date, but d is filed.	not an effective	time, at 12:01 a.	m. on the earlier o
ed	August 6	, 2019	·		
		Delu	a. Jeste	<del>i</del>	
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	J.	gnature of a member or a	Dra A F		