

L19000 212 688

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

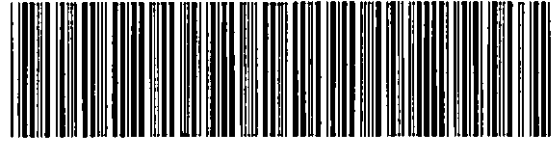
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECD UNIT
FALL RIVER, MA

Amend/Name
ch 8

JAN 28 2020

ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Flatwoods Environmental, LLC

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:

Joseph Hamilton

Name of Person

Flatwoods Environmental, LLC

Firm/Company

30435 Commerce Drive Suite 102

Address

San Antonio, FL 33576

City/State and Zip Code

office@flatwoodsenv.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph Hamilton

813

836-7940

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Flatwoods Environmental, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 08/20/2019 and assigned
Florida document number L19000212688.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Steadfast Environmental, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

30435 Commerce Drive, Unit 102

(Principal office address MUST BE A STREET ADDRESS)

San Antonio, FL 33576

Enter new mailing address, if applicable:

30435 Commerce Drive, Unit 102

(Mailing address MAY BE A POST OFFICE BOX)

San Antonio, FL 33576

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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

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2019 DEC 26 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

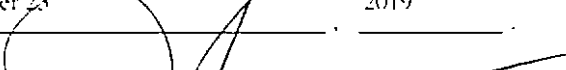
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Joseph Hamilton	30435 Commerce Drive Suite 102	<input type="checkbox"/> Add
		San Antonio, FL 33576	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	John M Faulkner	30435 Commerce Drive Suite 102	<input type="checkbox"/> Add
		San Antonio, FL 33576	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Julie M Faulkner	30435 Commerce Drive Suite 102	<input type="checkbox"/> Add
		San Antonio, FL 33576	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	FAULKNER FAMILY REVOCABLE	30435 Commerce Drive Suite 102	<input checked="" type="checkbox"/> Add
	Faulkner Family Revocable Trust	San Antonio, FL 33576	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective 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 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

December 23, 2019



Signature of a member or authorized representative of a member

John M. Faulkner

Typed or printed name of signee

Filing Fee: \$25.00