

8/3/23, 1:50 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L19000285646

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)208-0845
Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SIMPSON ENVIRONMENTAL SERVICES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

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TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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AUG 03 2023
K. Brumblay

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Simpson Environmental Services, 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 12/05/2019 and assigned
Florida document number 1.19000285646.

This amendment is submitted to amend the following:

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

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:

8607 Gall Boulevard

(Principal office address MUST BE A STREET ADDRESS)

Zephyrhills, FL 33541

Enter new mailing address, if applicable:

8607 Gall Boulevard

(Mailing address MAY BE A POST OFFICE BOX)

Zephyrhills, FL 33541

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:

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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>	<u>Address</u>	<u>Type of Action</u>
Authorized Person	Yaeger, Tim	8607 Gall Boulevard	<input type="checkbox"/> Add
		Zephyrhills, FL 33541	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
Authorized Person	Brigham, Shawn	8607 Gall Boulevard	<input type="checkbox"/> Add
		Zephyrhills, FL 33541	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
Authorized Person	Mattox, Casey	8607 Gall Boulevard	<input type="checkbox"/> Add
		Zephyrhills, FL 33541	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
Authorized Person	Reitinger, Wayne	8607 Gall Boulevard	<input type="checkbox"/> Add
		Zephyrhills, FL 33541	<input type="checkbox"/> Remove
			<input checked="" 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

