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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: DEV CON Waste Sol	Wtow, LC d Liability Company
The enclosed Articles of Amendment and fee(s) are submit	tted for filing.
Please return all correspondence concerning this matter to	the following:
Wendy Hypol 90 BCC Con 1930 N. D	Name of Person NSTRUCTION GROUP INC. Firm/Company ONNelly Ct.
<u> Wendya</u>	Address J City/State and Zip Code OCC OCCUP, US be used for future annual report notification)
For further information concerning this matter, please call:	
Wendy Hypole Name of Person	at (A07) Alulo - S820 :
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 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

The Articles of Organization for this Limited Liability Company were filed on <u>O2</u> and assigned Florida document number L200000 a071(a 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

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.

City

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
AMBR	MZF Trust	3835 Lakeshore Dr.	
		Mt. Dona, FL 3275	7 Remove
	PCC Construction		□Change
AMPR	BCC Construction Group, Inc	Mt. Dora, Fl 32757	Add
		110.12014, 12 52+5+	□Remove
			□ Change
AMBR	Carr, Nathan R.		□Add
		Change Amer to Marc	Change
			🗆 Add
			🗖 Remove
			□ Change
			□ Add
			Remove
			Change
			□Add □Remove

If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<u></u>
If an effec Note: If	e date, if other than the date of filing:
e record : rd is filed	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 d.
Dated _	May 27 2020.
	Signature of a nichter or authorized representative of a member