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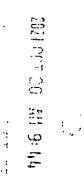
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A. RIVERS NOV 0 1 2021



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COVER LETTER

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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

2

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Charis ENVIRONME	ental Services LL	C.
(Name of the Limited Liability C (A Florida Lin	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com Florida document number <u>L200000 9 102</u> 2	npany were filed on <u>3/27/2020</u> 2	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d 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:		· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADDRES	SS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		? 02 : 02
B. If amending the registered agent and/or registered of	ffice address on our records, enter the na	.,
agent and/or the new registered office address here:		
		20
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		9:1
	Enter Florida street address	H #
	, 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 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.	BRIAN K FULTS	22 CREEK CIR NAPLES F	14/ 2 BAOO
			□Remove
			□Change
PRES.	Michael Titus	111 18113+ SE Naply	S □Add
			□Remove
		MGR TO PRES.	DChange
			□Add
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ocument's effective date on the Department of State's records.	ted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ite on the Department of State's records.	record specifies a c is filed.	delayed effective date, but	t not an effective time, a	12:01 a.m. on the earlier	r of: (b) The 90th day	after the
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