## 

(Re	questor's Name)	
(//e	equestor's realine)	
78.3		
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(	<b>,</b>	,
	cument Number)	
(50	cument rumber,	
Cartiford Causas	Codificator	o of Chatus
Certified Copies	_ Certificates	or Status
<del></del>		
Special Instructions to	Filing Officer:	
	<del> </del>	j





04/02/21--01024--014 \*\*60.00

## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: ALC	Liquia En	UVIROM entel	REAL ESTATE	170 181-981CC
	nendment and fee(s) are sub	<del>-</del>		
	Ma HL	Name of Person	\	
	Mct	Firm/Company	II PA	
	285	Address	NS AVE	
		City/State and Zip Code  / - 11	E. Marcell PA	
For further information cond	erning this matter, please co	all:		
Ma Hhew Name of Pe	E-Marrell Presson	Area Code Days	- 4 v 0 J	
Enclosed is a check for the f	ollowing amount:			
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Sec Division of Corp P.O. Box 6327 Tallahassee, FL	porations	Street Address: Registration S Division of C The Centre of 2415 N. Mon Tallahassee, F	orporations Tallahassee roe Street, Suite 810	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALL Liquis Environmental REAL Estate Haldings LIC

(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 Liabil	lity Company were filed on	8 131 120 20 and assigned
Florida document number L 2 00 00 27 17	<u>46</u> .	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here	:
The new name must be distinguishable and contain the words	"Limited Liability Company," the design	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	<b>::</b>	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		<del></del>
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
	<u></u>	
B. If amending the registered agent and/or regist	tered affice address on our raco	rds antay the name of the navy registered
agent and/or the new registered office address he	re:	os, enter the name of the new registered
		* : 
Name of New Registered Agent:		
New Registered Office Address:		. •
	Enter Florida	street address
		, Florida
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Regist	tered Agent:	
I handly against the amortistic and a section of	ent and agree to act in this can	acity. I further agree to comply with the

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>	Name	Address	Type of Action
			□Add
			□ Remove
		Ŧ	☐ Change
		<del></del>	□Add
			□Remove
			☐Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
		<del></del>	
		□ Remove	
		Change	
		□Add	
		□Remove	
			□Change

D. H MIN	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
-	
-	
_	
_	
-	
_	
_	
_	
-	
_	
_	
-	
(If an effe Note:	ve date, if other than the date of filing:
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 d.
Dated_	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	ALBELL J. RANZECELLA Typed or printed name of signee
	Typed or printed name of signee

Filing Fee: \$25.00