L21000118916

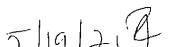
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filing Officer.





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COVER LETTER

TO:

Registration Section

Division of Cor	•		
	R ENVIRONMENTAL CENTR	ALFLORIDA LLC	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	indence concerning this matter to	o the following:	
	JAME& A BELLE		
		Name of Person	
	GAE of Central Florida, LL	С	
		Firm/Company	···
	478 NORTH PINE MEADO	OW DR	
		Address	
	DEBARY, FL 32713		
		City/State and Zip Code	
	jab08_@hotmail.com	be used for future annual report not	itication
For further information c	oncerning this matter, please ca		incului,
JAMES A BELLE		702 677-1255	
	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he 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	Street Address: Registration Sc	
Division of C P.O. Box 632	-	Division of Co The Centre of	•
Tallahassee,			oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GREENAIR ENVIRONMENTAL CENTRAL FLOR	IDA LLC	
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 3-12-2021	and assigned
Florida document number L21000118916		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
GAE of Central Florida, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
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 na	me of the new registered
agent and/or the new registered office address here:	address on our records, enter the in-	ane of the new registeres
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	City	Zip Code [55]
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>	Name	Address	Type of Action
Title Name		□Add	
		and the second s	Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□ Add
			Remove
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ffective da	te, if other than the date of filing: (optional)	
	late is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be li	
ocument's e	effective date on the Department of State's records.	
1	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day af	ter the
a is mea.		
latud	March 30, 2021.	
ated	1)	
	First file	
_	Signature of a member or authorized representative of a member	
	// *	

Filing Fee: \$25.00