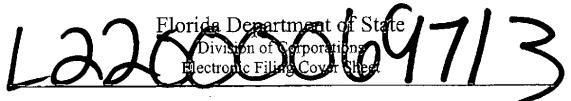
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Division of Corporations



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Division of Corporations

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\*\*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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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

WASTER MASTER SERVICE LLC

Certificate of Status	0
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Page Count	01
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HelpLEMIEUX FEB 2 2 2022

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WASTER MASTER SERVICE LLC		
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa Torida document number	ny were filed on 02/10/2022	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited li	ability company here:	
WASTE MASTER SERVICE LLC		
he new name must be distinguishable and contain the words "Limited Lin	ability Company," the designation "LLC" o	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)		
3. If amending the registered agent and/or registered office and/or the new registered office address here:  Name of New Registered Agent:	e address on our records, enter th	e name of the new registr
Name of New Registered Agent.		2-
New Registered Office Address:	F. Pl. M. A	<del></del>
·	Enter Florida street address:	21
· · · · · ·	, Flori	lda
	Clby	≟ Zip €ode
Nam Dagistared Agent's Signature, if changing Penistared Ages	nt.	-· ທົ່ວ

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.

\_\_\_\_ 🗆 Remove

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
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