L22000169844

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PłCK-U	P WAIT	MAIL
	(Business Entity Name)	6
	(Document Number)	
Certified Copies	Certificates of	Status
Special Instructions	s to Filing Officer:	

Office Use Only



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A. BUTLER MAY - 3 2022

COVER LETTER

· TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporati	ions		
SUBJECT: J+TF	My 1 ON Mag.	ntal Services (<u>ic</u>
The enclosed Articles of Amen	dment and fee(s) are sub	mitted for filing.	
Please return all correspondence	e concerning this matter	to the following:	
	limia Hall	Name of Person CONMENTAL Ser Firm/Company	zvices ULC
7	720 N Palaso	Address SGCZ	
		F\ 32503 City/State and Zip Code 29 Mat Com o be used for future annual report not	
For further information concern	ing this matter, please ca	ıll:	
Timio Hall Name of Perso	n		ne Telephone Number
Enclosed is a check for the follo	owing amount: \$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 Division of Corpor		Street Address: Registration So Division of Co	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

14T Environmental Sex	rvices	LL 2022 MAY -2 AM 8:58
(Name of the Limited Liability Company as (A Florida Limited Liabil	it now appears of ity Company)	SEURETARY OF STATE TALLAHASSEE, FL
The Articles of Organization for this Limited Liability Company were	e filed on H	108 2022 and assigned
Florida document number <u>L12000169844</u> .	_ 	
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 C	ompany," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		
Enter now mailing address if applicables		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	·····	
B. If amending the registered agent and/or registered office addragent and/or the new registered office address here:	ress on our rec	ords, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		<u> </u>
	Enter Floride	a street address
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	·	·
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete perj accept the obligations of my position as registered agent as prov- being filed to merely reflect a change in the registered office add	formance of m ided for in Ch	y duties, and I am familiar with and apter 605, F.S. Or, if this document is

company has been notified in writing of this change.

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
AMBY	Timia Hall	7220 N PalafoxSt	\\ Add
		7220 N PalatoxSt Pensarola F1, 32503	□ Remove
		Apt 5002	□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			□Remove
			☐ Change
	 -		🗆 Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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`an eff ¥ote:	(optional) ective date, if other than the date of filing:
record is fil	d 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 ed.
ated	05/02/2022
	O5102/2022,
	Signature of a member of authorized representative of a member
	Typed or printed name of signee