To: 18506176383 From: 19166105073 Date: 11/03/22 Time: 6:06 PM Page: 02/05



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PARASEC

Account Number : 120180000086

Phone : (916)576-7000

Fax Number : (800)603-5868

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: RLOPS@PARASEC.COM

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NOV 04 2022

To: 18506176383 From: 19166105073 Date: 11/03/22 Time: 6:06 PM Page: 03/05

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Frontline Remediation LL	C		
(Name of the Limited I	Liability Company as it now appea Florida Limited Liability Company)	irs on our records.)	
The Articles of Organization for this Limited Liabi	lity Company were filed on _	08/31/2022	and assigned
This amendment is submitted to amend the followi	ng:		
A. If amending name, enter the new name of th	e limited liability company h	<u>iere</u> :	
The new name must be distinguishable and contain the word	s "Limited Liability Company." the	designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:		
(Principal office address MUST BE A STREET)	(DDRESS)		_
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BO	<u> </u>		
B. If amending the registered agent and/or regi agent and/or the new registered office address h	stered office address on our <u>iere</u> :		name of the new register
Name of New Registered Agent:			ω =
New Registered Office Address:			P P
-	Enter Fl	orida street address	0.7 . 5.5
-	City	Florid	a 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.

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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
AMBR	Mark Fessler	875 w college st	
		murfreesboro TN 37129	□Remove
			□ Change
			□Add
			□Remove
			□ Change
			□Remove
			☐ Change
			Pemove
			□ Change
			□ Add
			□Remove
			[]Change
			
			□Remove

ClChange

To: 18506176323 From: 19166105073 Date: 11/03/22 Time: 6:06 PM Page: 05/05

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(If an effe- Note: I	we date, if other that cuve date is listed, the diff the date inserted in ent's effective date on	ate must be specific ar this block does not	nd cannot be prior t meet the applica	o date of filing or mo	(option ore than 90 days after for requirements, this o	ral) ding.) Pursuant to 605.01 date will not be listed	207 (? as th
he record ord is file		ffective date, but no	ot an effective tir	m e, at 12.01 a.m. c	n the earlier of. (b)	The 90th day after ti	hc
	November 3		. 2022				
Dated _			1/6				

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