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COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT: Larc	oche Environ Name of Lim	mental Service	s,LLC	
The enclosed Articles of A	amendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	Vale	rie Laroche Name of Person		
		Name of Person		
		Firm/Company		
	1588	Park leah Ci	rcle	
		Address		
	A	City/State and Zip Code	12	
VLaroche 28 @g mail. Com E-mail address: (to be used for future annual report notification)				
For further information con	ncerning this matter, please ca			
Valerie La Name of	aroche Person	at (<u>401</u>) <u>461 –</u> Area Code Daytime	8553 Telephone Number	
Enclosed is a check for the	following amount:			
₩\$25.00 Filing Fee	☐ \$30.00 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 Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Laroche Environment	al Services, LLC
(Name of the Limited Liability Company as it now apper (A Florida Limited Liability Company)	ars on our records.)
The Articles of Organization for this Limited Liability Company were filed on	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company h	nere:
Bio - Environmental Solutions & Techno The new name must be distinguishable and contain the words "Limited Liability Company." the	
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 agent and/or the new registered office address here:	records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
Enter Flo	orida street address
	Florida
City	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.

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
			□Change
			□Ađd
			□Remove
			□Change
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			🗀 Add
			Remove
			Change

D. If amending any other information, enter change(s) here: (Attach ad	ditional sheets, if necessary.)
	
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing one Note: If the date inserted in this block does not meet the applicable statutory for document's effective date on the Department of State's records.	(optional) or more than 90 days after filing.) Pursuant to 605.0207 (3), this date will not be listed as the
the record specifies a delayed effective date, but not an effective time, at 12:01 a. cord is filed.	m. on the earlier of: (b) The 90th day after the
Dated February 16 . 2024 Signature of aniember or authorized representa	live of a member
Valerie Larock Typed or printed name of signe	