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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RODRIGUEZ R. & CO. LLC

Account Number : I20180000052 Phone : (305)496-8203 Fax Number : (786)496-9445

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

Email Address: PAUL & KONNIEUR PR.

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WASTEMASTER LLC

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To: +18506176383

## ARTICLES OF AMENDMENT · OT ARTICLÉS OF ORGANIZATION OF

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(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company  Florida document number <u>L 24 000/68730</u>	<b>.</b>	4_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil  WASTEMASTERS  LLC  The new name must be distinguishable and contain the words "Limited Liabil		previation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	SAME	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name	e of the new-registered
Name of New Registered Agent:	$\mathcal{N}/A$ .	<u> </u>
New Registered Office Address:	Enter Florida street address	
<del></del>	, Florida	Zip Code <sup>t</sup>
New Registered Agent's Signature, if changing Registered Agent:		Ø
I hereby accept the appointment as registered agent and agre	ee to act in this capacity. I further agr	ee 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 Changing Registered Agent, Signature of New Registered Agent

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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
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	$\Delta / A$		□Remove
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From: +17864969445 (Fax.Plus)

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ecord specifies a	delayed effective date.	, but not an effective	e time, at 12:03 a.m.	on the earlier of: (b)	The 90th day after the
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uted <u>04/</u>	Maries Signal	ture of a member or au	uthorized representative		· · · · · · · · · · · · · · · · · · ·

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