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Division of Corporations

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From:

Account Name : CIKLIN LUBITZ & O'CONNELL

Account Number: 076376001447

Phone Fax Number : (561)832-5900 : (561)833-4209

\*\*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 SOUTHERN WASTE SYSTEMS, LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Southern W	aste Systems, LLC					
(Name of the Limited Liability (A Florida L	Company os it now appears on our records,) mited Liability Company)					
The Articles of Organization for this Limited Liability Com	npany were filed on July 22, 1999 and assigned					
Florida document number <u>L99000004470</u>						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limite	<u>l liability company here</u> :					
LGI. Systems, LLC						
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the abbreviation "L.L.C."					
Enter new principal offices address, if applicable:	Suite 200					
(Principal office address MUST BE A STREET ADDRE						
	Palm Beach Gardens, FL 33410					
Enter new mailing address, if applicable:	Suite 200 50 7 759					
(Mailing address MAY BE A POST OFFICE BOX)	2401 PGA Boulevard					
MARINE WHEN WIN TAKEN SEE TO S	Palm Beach Gardens, FL 33410 🙃					
	gr\ o					
B. If amending the registered agent and/or registered registered agent and/or the new registered office addres	office address on our records, enter the name of the new					
Name of New Registered Agent:						
New Registered Office Address: 2403	. PGA Boulevard, Suite 200					
	Enter Florida street address					
Pair	n Beach Gardens , Florida 33401					
	City Zip Code					
New Registered Agent's Signature, if changing Registered A	gent:					
provisions of all statutes relative to the proper and com	d agree to act in this capacity. I further agree to comply with the plete performance of my duties, and I am familiar with and at as provided for in Chapter 605, F.S. Or, if this document is office address, I hereby confirm that the limited liability					

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>	Name	Address	Type of Action
Manager	Southern Waste Systems Holdings, LP	2380 College Avenue, Davie FL 33317	☐ Add ☐ Remove ☐ Change
Manager	_I GI Systems Holdings, LP	2401 PGA Boulevard, Suite 200 Palm Beach Gardens, FL 33401	Add  Remove  Change
			☐ Add ☐ Remove ☐ Change
<del>and the second states</del>			☐ Add ☐ Remove ☐ Change
			☐ Add ☐ Remove ☐ Change
			☐ Add ☐ Remove ☐ Change

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