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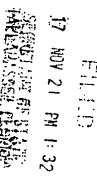
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## **COVER LETTER**

TO: Registration Se Division of Cor			
subject: Fivs-	t Coast Junk Name of Lim	Removal and Haw ited Liability Company	lingServices, LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Mecia	Adviano Name of Person	
			1 Hauling Services
	250 Cherry	Ridge Dr. Apt. 11	lo
	Jacksonvil	Le, FU 3222 City/State and Zip Code	
	Mecia a vi E-mail address: (	ense of jujure annual report notit	7 ication)
For further information c	oncerning this matter, please ca	all:	
Mecia Ad Name o	Person	at ( <u>RSD</u> ) <u>524</u> - Area Code Daytime	- 1002
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	□ \$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 Corporations P.O. Box 6327 Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Flyst Coast Uunk	remova	I and Hawlin	<u>g Serma</u>	es, L	1	-
(A	Florida Limited L	iy as it now appears on or iability Company)	Tecorus.			
The Articles of Organization for this Limited Liabs		were filed on $82$	1 2017	an	nd assi	igned
This amendment is submitted to amend the following	ng:					
A. If amending name, enter the new name of th	<u>e limited liabi</u>	lity company here:				
Adriano Trans poo The new name must be distinguishable and contain the word	vt, Ll s"Limited Liabili	. Company " the designat	ion "LLC" or the	abbreviati	ion "L	1. C
Enter new principal offices address, if applicable		NA	-			
(Principal office address MUST BE A STREET A	ADDRESS)					
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>	NA				
B. If amending the registered agent and/or registered agent and/or the new registered office	_		records, ente	Tile in	<del>論。</del> 百	of_the_new
Name of New Registered Agent:	NA			では、	21 P	was det and the and the
New Registered Office Address:		Enter Florida str			<b>H</b> 1: 32	
		City	, Florida _	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 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: NA MGR = Manager AMBR = Authorized Member <u>Title</u> <u>Name</u> <u>Address</u> Type of Action

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in effective date is listed	er than the date of I, the date must be special ted in this block door	fic and cannot be p	rior to date of filing (	or more than 90 days	after filing.) Pursua	ant to 605.03
cument's effective da	ted in this block does ate on the Departmen	not meet the app it of State's reco	rds.	lling requirements.	this date will no	it be listed
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Filing Fee: \$25.00