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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
,	, ,	,
(Do	cument Number))
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Division of C				
subject: Aus-	ins Professional	al Disposal Seried Liability Company	vice and More, LLC	a
The enclosed Articles	of Amendment and fee(s) are sub-	mitted for filing.		
Please return all corre	spondence concerning this matter	to the following:		
	Melanie,	Name of Person		
		Firm/Company		
	POBOX 9	75/864 Address		
	hahe Ma	City/State and Zip Code	795	
	butter Alyle E-mail address: (to be used for future annual report noti	fication)	
For further information	n concerning this matter, please ca	all:		
Melanie	hicks f	at (<u>630</u>) <u>998</u> Area Code Daytim	e Telephone Number	
Enclosed is a check for	or the 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 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

Austins Rofessional Dis (Name of the Limited Liability Compet) (A Florida Limited)	21 OCT -5 AM 9: 16 (PO Sa Service and force LLC any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number () () () () () () () () () (were filed on Aug 26, 2011 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
The new name must be distinguishable and contain the words "Limited Liabi Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ility Company," the designation "LLC" or the abbreviation "L.L.C." 4071 L.B. Heleod Bd. Ste. D. PMB 90. Orlando, FL 32811	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new register	<u>'ed</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida 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 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	21 007 -5 All 9: 16 Type of Action
		-	□Add
			□Remove
			☐ Change
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(If an effe	ve date, if other than the date of filing:
the record ford is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated_	· · · · · · · · · · · · · · · · · · ·
	Costell Austin 9/30/21 Typed or printed name of signee
	Costell Austin 9/30/21