# 119000228688

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OCT 1 7 2019 S. YOUNG

# **COVER LETTER**

Div	ision of Corpora	tions			
SUBJECT:	Name change	Dumpster Diving Le	prechauns LLC		
gobiler.		Name of Limit	ted Liability Company		
The enclosed	i Articles of Ame	ndment and fee(s) are subn	nitted for filing.		
Please return	all corresponden	ce concerning this matter t	o the following:		
			Danny R. Cobb		
	_	Dur	Name of Person  npster Diving Leprechauns	SUC	-
		5011	inpater biving tepreciating		_
	_		Firm/Company		_
			1936 NW 102ND BLVD.		
	-		Address		_
			WILDWOOD, FL 34785	5	
	<del>-</del>	DANNY@	City/State and Zip Code DSHAMROCKCONSTRUC	CTION.COM	•••
		E-mail address: (to	o be used for future annual re	eport notification)	
For further i	nformation concer	ming this matter, please ca	H:		
	Ernest Lyr		407 at ()	252-9782  Daytime Telephone Number	
	Name of Pers	on	Area Code	Daytime Telephone Numbe	T.
Enclosed is	a check for the fol	lowing amount:			
\$25.00 1	Filing Fee □	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is eneld	Certific Osed) Certifie	ate of Status &

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Registration Section

TO:

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

**Dumpster Diving Leprechauns LLC** (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_ Florida document number L19000228688 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: **DDL Dumpsters 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: (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 records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

#### 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 =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			🗆 Change
<del> </del>		<del></del>	Add
			Remove
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			☐ Remove
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		<del></del>	Change
			Add
			Remove
			Change

If amending any other information	n, enter change(s) here: (Attach additional sheets, if necessary.)	
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Effective date, if other than the da If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depa	te of filing:	nt to 605.0207 t <b>be listed</b> as
ne record specifies a delayed el The 90th day after the record	ffective date, but not an effective time, at 12:01 a.m. on the d is filed.	e earlier of
Dated	2019	
<u> </u>		
Sig	mature of a member or authorized representative of a member	
A	Typed or printed name of signee	<del></del>

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Filing Fee: \$25.00