

LOG 0000 8465F

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

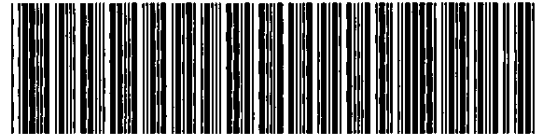
(Business Entity Name)

(Document Number)

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17 MAY 22 AM 7:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4085
26



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 9, 2017

VICTOR SCHEIDE
655 NW 100 ST
MIAMI, FL 33150

SUBJECT: DEBBIE DUMPSTER, LLC
Ref. Number: L06000084658

We have received your document for DEBBIE DUMPSTER, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II Supervisor
Registration/Qualification Section

Letter Number: 817A00009179

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

DEBBIE DUMPSTER 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 08/23/2006 and assigned Florida document number L06000084658.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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:

655 NW 100 St

(Principal office address MUST BE A STREET ADDRESS)

Miami FL 33150

Enter new mailing address, if applicable:

655 NW 100 St

(Mailing address MAY BE A POST OFFICE BOX)

Miami FL 33150

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:

VICTOR SCHEIDE

New Registered Office Address:

655 NW 100 ST

Enter Florida street address

MIAMI

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 MAY 22 AM 7:50
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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>	<u>Address</u>	<u>Type of Action</u>
MGRM	DEBORAH STARWALT	1025 SW 3RD ST	<input type="checkbox"/> Add
		HALANDALE, FL 33009	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
P	VICTOR SCHEIDE	655 NW 100 ST	<input checked="" type="checkbox"/> Add
		MIAMI FL 33150	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
V	MARIO AVILES	655 NW 100 St	<input checked="" type="checkbox"/> Add
		MIAMI FL 33150	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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