107000021793

Requestor's Name)
Address)
Address)
City/State/Zip/Phone #)
WAIT MAIL
Business Entity Name)
Document Number)
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COVER LETTER

TO: Registration Se Division of Cor					
Wast	e-B-Gone,LLC				
SUBJECT:		ed Liability Company			
	Amendment and fee(s) are submodence concerning this matter to	•			
	Jose Martine	e Z			
	Waste-B-Go	Name of Person ne. LLC			
		Firm/Company			
	9609 Barnsid	de PL.			
		Address			
	Tampa, Flori	da 33635			
		City/State and Zip Code	Pro p 2	2014	
	roselvis32@yaho	O.COM be used for future annual report notifica	ation)	1	T
For further information co	oncerning this matter, please cal	•	ASS.	B 26	SECTIONS TAXABLES
Jose Martin	iez	813, 484-29	75	₽	
Name of		at (elephone Number	12: 06	E
Enclosed is a check for th	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 Certificate of Certified Cop (additional copy	f Status a py	

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

Waste-B-Gone, LLC			
(Name of the Limi	ted Liability Company as it now (A Florida Limited Liability Con	r appears on our records.) mpany)	<u>.</u>
The Articles of Organization for this Limited L Florida document number <u>L07000021793</u>	iability Company were filed	l on February 21,2007	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name o	f the limited liability comp	oany here:	
The new name must be distinguishable and end with the	words "Limited Liability Compa	ny," the designation "LLC" or the al	bbreviation "L.L.C."
Enter new principal offices address, if applic	eable:		23
Principal office address MUST BE A STREE	ET ADDRESS)		
			H. B. H.
			STATE OF THE STATE
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
			
B. If amending the registered agent and registered agent and/or the new registered o		ess on our records, enter	the name of the new
Name of New Registered Agent:	Jose Martinez		
New Registered Office Address:	9609 Barnside PL.		
*	E	nter Florida street address	
	Tampa	, Florida <u>33</u>	635
	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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	Alicia Gonzalez	19349 Sunset Bay Dr.	🗆 Add
		Land O' Lakes, Fla. 346	Remove ■
MGR	Jose Martinez	9609 Barnside PL.	
		Tampa, Fla. 33635	□ Remove
			□ Add
			Add
			IN FEE 26 PM 12:3
			Remove

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ive date, if other than the date ective date must be specific, cannot be pet this document is filed by the Florida D	rior to date of receipt or filed date and can	(optional) not be more than 90 days after
ective date must be specific, cannot be p te this document is filed by the Florida D	prior to date of receipt or filed date and can Department of State)	
ective date must be specific, cannot be p	rior to date of receipt or filed date and can	

Page 3 of 3

Filing Fee: \$25.00

2014 FEB 26 PH 12: 06