## 08000035527

(Re	equestor's Name)			
(Address)				
(Ad	dress)			
(Cit	ty/State/Zip/Phone	e #)		
·		,		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
·	- ,			
Special Instructions to Filing Officer:				

Office Use Only



900126683739

06/04/08--01002--008 \*\*55.00

08 JUN -4 AM 10: 15
SECRETARY OF STATE.
TALLAHASSEF OF STATE.

CF 25.00

Registration Section
Division of Corporations

SUBJECT: OXFORD THRONE/SUMTER DUMPSTER, LLC

(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**BRETT THAGE** 

(Name of Person)

OXFORD THRONE/SUMTER DUMPSTER, LLC

(Firm/Company)

8279 N U\$ HWY 301

(Address)

WILDWOOD, FL 34785

(City/State and Zip Code)

For further information concerning this matter, please call:

PAMELA A. KUNKEL

at ( 352 ) 748-5744

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for 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, S Certificate of States

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

OXFORD THRONE/SUMTER DUM		
(Name of the Limited L (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liab	oility Company were filed on APRIL 8, 2008	and assigned
Florida document number L08000035527	·	
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	ne limited liability company here:	
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET.	ADDRESS)	
Enter new mailing address, if applicable:		08 J SEC
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	AHA UN
		FILED
B. If amending the registered agent and/or	registered office address on our records, enter	the names of ##se new
registered agent and/or the new registered offic	e address here:	ATE 15
	·	<b>35</b> O4
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florida street a	address)
-	, Florida,	(Zip Code)
	(Ciiy)	(Lip 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 608, 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 any and ing the Manageur or Managine Manahara 'a 'a a' any and any the tight and any

MGR = Manager

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

<u>MR</u>	JEFF STRAWSER		
		8279 N HWY 301 WILDWOOD, FL 34785	Add Remove
MS	JO POULSON	8279 N HWY 301 WILDWOOD, FL 34785	♣☐ Add ♣7 Remove
			Add Remove
			SECTION REPORT
			PHOP AND Remove
D. If amend	ling any other information, enter	change(s) here: (Attach additional sheets, if ne	cessary.)
		· · · · · · · · · · · · · · · · · · ·	
Dated MAY 2	23	2008	
Dated MOVI Z	Signature of a m	T. How	

Page 2 of 2

Filing Fee: \$25.00