LDB000048578

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EXAMINER



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COVER LETTER

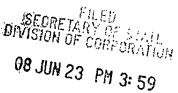
Division of Corpo					
SUBJECT: A Tampa Bay Trash					
(Name of Limited Liability Company)					
The enclosed Articles of Amendment and fee(s) are submitted for filing.					
Please return all correspond	ence concerning this matter	to the following:			
	000	une J. Leith (Name of Person)	1		
^					
A Tampa Bay Trash					
(Firm/Company)					
10226 Oslin Street					
(Address)					
	Tampa	FL 33615			
	1	(City/State and Zip Code)			
For further information concerning this matter, please call:					
Ovaine o) Leith	:,407,361616161			
(Name of Person) - at (407, 361 6161 (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, Certificate of Status & 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



-	0.09
A Tampa Bay Ti	rash, LLC.
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L0800048578</u> .	•
This amendment is submitted to amend the following:	·
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	10226 Oslin Street
	Tampa FL 33615
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 260155
·	Tampa FL 33685
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
Name of New Registered Agent:	ine J. Leith
New Registered Office Address:	
	(Enter Florida street address)
	Florida
New Registered Agent's Signature, if changing Registered Agent:	(City) (Zip Code)
New Residered Agent & Signature. If changing Registered Agent.	α
I hereby accept the appointment as registered agent and agr the provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	plete performance of my daties, and I am familiar with and provided for in Chapter 60B F.S. Or, if this document is

Page 1 of 2

(If Changing Registered Agent, Signature of New Registered Agent)

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:

MGR = Manager MGRM = Managing Member **Title** <u>Name</u> <u>Address</u> Type of Action MGRM Oraine J. Leith Add Remove MGRM _ Add Remove _ Add Remove ☐ Add Remove _ Add Remove ☐ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) June 20 2008 Dated Signature of a member of authorized forest native of a member

Page 2 of 2

Typed or printed name of signee . . .

Filing Fee: \$25.00