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MAR 2 8 2017 Y SULKER Kevin J Corrigan

Return Address: 5007 Galhouse RD Nort Port, FL 34291

Daytime Phone Number: 941.716.3199

Kevin J Corrigan

## **COVER LETTER**

TO: Registration Section Division of Corporations	ns	
	Oster Pals, LCC  Name of Limited Eiability Company	
The enclosed Articles of Amendme	nent and fee(s) are submitted for filing.	
Please return all correspondence co	concerning this matter to the following:	
	Name of Person  Name of Person  Dumpsler Pals, LLC  Firm/Company  5001 Galhouse RD  Address  North Both FL 34291  City/State and Zip Code  Hhelidstick & gnail- Com  E-mail address: (to be used to fixure annual report notification)	
For further information concerning		
Mein J. Carrie	ion 341 7/6.3199	
Name of Person	at (941) 7/6. 3/99 Area Code Daytime Telephone Number	
Enclosed is a check for the following	ing amount:	
	(additional copy is enclosed) Certified C	of Status &

### 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

Dumpster Pals, L	LC		
	ny as it now appears on outlability Company)	r records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L09000036/2</u> .	were filed on	/2/09 and assi	gned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name of the limited liability of the new name of the new name of the limited liability of the new name of the limited liability of the new name of the limited liability of the new name of the new name of the limited liability of the new name of the n		on "LLC" or the abbreviation "L.L	Z.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	Same as	plevidus	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	Same as	s ppevious	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our	records, enter the name of	of the new
Name of New Registered Agent:			W. Carlot
New Registered Office Address:	N/A Enter Florida stre	et address	
		, Florida	
	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 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>Name</u> <u>Title</u> **Address Type of Action** □ Add □ Remove \_□ Change □ Add □ Remove \_□ Change □ Add Remove □ Change ... Remove \_□ Change \_□ Add \_□ Remove \_□ Change □ Add

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