

LD9000090671

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2013 SEP -6 AM 8:32
STATE OF CALIFORNIA

J. SAULSBERRY
EXAMINER
SEP 10 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **XS-TRASH 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:

MICHAEL JAWARD

Name of Person

XS-TRASH LLC

Firm/Company

2731 NE 8TH AVE

Address

POMPANO BEACH, FL 33064

City/State and Zip Code

mjaward@msn.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL JAWARD

Name of Person

954 775-4717

at ()

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

2013 SEP -6 AM 8:32
OFFICE OF THE
CLERK OF THE
SUPREME COURT
TALLAHASSEE, FL 32304

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

XS-TRASH 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 09/21/2009 and assigned
Florida document number L09000090671

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2731 NE 8TH AVE

POMPANO BEACH, FL 33064

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2731 NE 8TH AVE

POMPANO BEACH, FL 33064

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:

Able Accounting & Tax Services Inc

New Registered Office Address:

595 E Sample Rd

Enter Florida street address

Pompano Beach

City

Florida 33064

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 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.

HABIB W. R. ALI (ABLE ACCOUNTING & TAX SERVICES INC)
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	MICHAEL JAWARD	2731 NE 8TH AVE	<input type="checkbox"/> Add
		POMPANO BEACH, FL 33064	<input checked="" type="checkbox"/> Remove
MGR	MICHAEL JAWARD	2731 NE 8TH AVE	<input checked="" type="checkbox"/> Add
		POMPANO BEACH, FL 33064	<input type="checkbox"/> Remove
MGRM	HASSAN JAWAD	2731 NE 8TH AVE	<input checked="" type="checkbox"/> Add
		POMPANO BEACH, FL 33064	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated

9/29/2013

Signature of a member or authorized representative of a member

MICHAEL JAWARD

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 SEP -6 AM 8:32
CLERK OF DISTRICT COURT
FLORIDA