# L04000090671

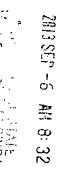
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## **COVER LETTER**

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

<sub>31</sub>954 / / 5-4 / 1 /

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,
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

XS-	TR	$\Delta S$	H	1	1 (	$\cap$
A-3-		-		_	_	

(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 Liab	oility Company were filed on 0	9/21/2009 = and assigned		
Florida document number L0900090671		SEP		
This amendment is submitted to amend the follow  A. If amending name, enter the new name of the		6 AM 8: 32		
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Com	<del></del>		
Enter new principal offices address, if applicab	le: 2731 NE 8	TH AVE		
(Principal office address MUST BE A STREET	<del></del>	O BEACH, FL 33064		
Enter new mailing address, if applicable:	2731 NE 8	TH AVE		
(Mailing address MAY BE A POST OFFICE BO	POMPAN	O BEACH, FL 33064		
B. If amending the registered agent and/or registered agent and/or the new registered office	<u> </u>	n our records, enter the name of the nev		
Name of New Registered Agent:	Able Accounting & Tax Services Inc			
New Registered Office Address:	595 E Sample Rd	Enter Florida street address		
	Pompano Beach	, Florida <u>33064</u>		
	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 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.

HAFFAL GRAJA (ABLÉ ACCOUNTING À TAX SVS IN)
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 Type of Action Name **Address Title 2731 NE 8TH AVE** MICHAEL JAWARD MGRM · Add POMPANO BEACH, FL 33064 Remove **2731 NE 8TH AVE** MICHAEL JAWARD MGR POMPANO BEACH, FL 33064 HASSAN JAWAD **2731 NE 8TH AVE** MGRM POMPANO BEACH, FL 33064 Remove Add Remove Add Remove Add

Remove

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Ĵ.	129/2013	<u>,</u> ,		
	Alex			
	Signature o	of a member or autho	rized representative of	of a member

Page 3 of 3

Filing Fee: \$25.00

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