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FILED 11 AUG 29 PH 2: 45 SECRETARY OF STATE FALLAHASSEE FLORIDA
J. BRYAN Aug 3 0 2011

· · ·	1	COVER LETTER		
	tration Section			
SUBJECT: _		/N DIRT HAULING, nited Liability Company	LLC	
	Articles of Amendment and fee(s) are s			ŋ. /2:
Please return a	Il correspondence concerning this matt	er to the following:		THE T
	PA	MELA HESTER CHILT Name of Person	ON	FILLED PH 2: 44 SECRETARY OF STATE
	ACCC	OUNTABLE SERVICES	S, INC.	
		3220 OAKLEA DRIVE		
		DELAND, FL 32720		_
		City/State and Zip Code		
For further inf	E-mail address	: (to be used for future annual rep e call:	ort notification)	
	CARLA HARRIS	at (386)	566-1823	

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

√ \$25.00 Filing Fee

S30.00 Filing Fee & Certificate of Status

S55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) - -

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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

DUANE BROWN DI (<u>Name of the Limited Liability Compa</u> (A Florida Limited L	RT HAULING, LLC ny as it now appears on our records.) Tability Company)
The Articles of Organization for this Limited Liability Company	were filed on10/21/2009 and assigned
Florida document number <u>L09000101851</u>	ان می میشد. اینکه از میکند از م
This amendment is submitted to amend the following:	ility company here:
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the designation "LLC" of the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	POMONA PARK, FL 32181
Enter new mailing address, if applicable:	108 TANGERINE AVENUE
(Mailing address MAY BE A POST OFFICE BOX)	POMONA PARK , FL 32181
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent: DUANE BR	OWN
New Registered Office Address: 108 TANGE	RINE AVENUE

Enter Florida street address

Florida ____

POMONA PARK City 32181 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.

If Changing Registered Agent, Signature of New Registered Agent

1 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

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12.1

<u>Title</u>	Name	Address	Type of Action
MGRM	DUANE BROWN	108 TANGERINE AVENUE POMONA PARK , FL_32181	Add Remove
MGRM	ROSE BROWN	108 TANGERINE AVENUE POMONA PARK, FL 32181	_ ∕ Add _ Remove
MGRM	ALVIS HARRIS	722 HARRIS FISH CAMP ROAD CRECENT CITY, FL_32112	Add ✔ Remove
MGRM	CARLA HARRIS	722 HARRIS FISH CAMP ROAD CRESCENT CITY FL_32112	Add ∕ Remove
			∏Add Remove
			Add Remove

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

 Dated	8-15-11 Decore Brown	ALL AHASSEE: FLORID	10 AUG 29 PM 2: 44	FILED
	Signature of a member or authorized representative of a member			
	DUANE BROWN			
	Typed or printed name of signee			
	Page 2 of 2			

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Filing Fee: \$25.00