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COVER LETTER

	tion Section of Corporations	
DIS SUBJECT:	H HAULING LLC	
Sobsect	Name of Limited Liability Company	
The enclosed Arti	cles of Amendment and fee(s) are submitted for filing.	
Please return all c	orrespondence concerning this matter to the following:	
	DAVID B WILSON	
	Name of Person	
	BLUEWATER FINANCIAL RESOURCES OF FLORIDA INC	
	Firm/Company	
	9533 104TH AVE	
	Address	
	SEMINOLE, FL 33777	
	City/State and Zip Code	
	KIAMIA29@HOTMAIL.COM	
	E-mail address: (to be used for future annual report notification)	
For further inform	ation concerning this matter, please call:	
DAVID B WILS	at ()	
	Name of Person Area Code Daytime Telephone Number	
Enclosed is a chec	k for the following amount:	
□ \$25.00 Filing	Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy (additional copy)	Status & y

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tałlahassee, 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

DISH HAULING, 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 ^{03/22/2010} ____ and assigned Florida document number L10000030986 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: GET D'S CONTAINERS LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Florida

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>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Change
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E. Effe	ctive date, if other than the date of filing: (opti	ional)	
	effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days aftee. If the date inserted in this block does not meet the applicable statutory filing requirements, this		
	iment's effective date on the Department of State's records.		
	ecord specifies a delayed effective date, but not an effective time, at 12:01 and 90th day after the record is filed.	a.m. on the earlie	er of
(0) 11	ie 90th day after the record is flied.		
Date	05/31/2018		
Date			

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Typed or printed name of signee

Filing Fee: \$25.00