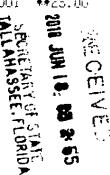
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(Re	equestor's Name)	
(Ac	ldress)	<u> </u>
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Na	me)
(Dc	ocument Number)	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only

00-19-18

## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	EASY D Name of Lin	umpster Rent	al, LLC
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Dayna L. M	Name of Person	<u> </u>
	Fasy	Dumpster Renta	<u>al</u>
		13th Street, Si	
	Gainesvi	11e, FL 32609	
	easydumps Email address:	City/State and Zip Code  Stevents   Qu41  to be used for future annual eport notif	1. cou
For further information	concerning this matter, please c	ail:	
Dayna Mille	У	at (352) 562 6 Area Code Daytime	002
l Name	of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for t	he 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

(Name of the Mimited Liability Composition (A Florida Limited	er Revital, LLC any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi Enter new principal offices address, if applicable:	ility Company," the designation "LLC" or the abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address M.4Y BE .4 POST OFFICE BOX)	AHASSEE FL
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	ffice address on our records, enter the name of the new
Name of New Registered Agent:	yna Miller 17 NW US 441
New Registered Office Address: 134	17 NW US 441  Enter Florida street address
Ala	Chya Florida 32615 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>Title</u>	Name	Address	Type of Action
MGRM	Dayna L. Roper	13417 NW US 441	
		Alachua FL, 32615	Remove
			Change
MGR	Keith W. Miller	13417 NW US 441	Ndd
		Alachua, FL 32615	Remove
		<del></del>	Change
	<del></del>		
			□ Remove
			Change
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			Premove
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or m	(optional)
<b>tote:</b> If the date inserted in this block does not meet the applicable statutory filing	ore than 90 days after filing.) Pursuant to 605,0207 ( g requirements, this date will not be listed as th
ocument's effective date on the Department of State's records.	
e record specifies a delayed effective date, but not an effective t	time, at 12:01 a.m. on the earlier of:
The 90th day after the record is filed.	
ated June 14 2018	
D AM II	
: 11 9 711 11	
Signature of a member or authorized representative	of a mambay

Page 3 of 3

Filing Fee: \$25.00