# L12000089696

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
727-246-9327
Tim
Call When Reachy

Office Use Only



100246525611

04/16/13--01001--017 \*\*25.00

TO ACKROWLEDGE SUFFICIENCY OF FILING PERSONAL SERVICES

FILED

APR IS AN IO: 00

C. LEWIS

APR 1 6 2013

**EXAMINER** 

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT: Tally 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:

**Timothy Dean** 

Name of Person

Tally Trash, LLC

Firm/Company

1737 Sunset Ln

Address

Tallahassee, FL 32303

City/State and Zip Code

contact@tallytrash.com

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

For further information concerning this matter, please call:

Timothy Dean

....727、2669327

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

FILED

13 APR 15 AM 10:00

Tally Trash, LLC	SE	ECRETARY OF STATE	
Tally Trash, LLC  (Name of the Limited Liability Compa) (A Florida Limited L	ny as it now appears on our record liability Company)	E. CONTON	
The Articles of Organization for this Limited Liability Company Florida document number <u>L12000089696</u> .		and assigned	
This amendment is submitted to amend the following:		·	
A. If amending name, enter the new name of the limited liab	ility company here:		
Text Trash, LLC			
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Company," the designa	tion "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	Text Trash, LLC		
(Principal office address MUST BE A STREET ADDRESS)	1737 Sunset Ln		
	Tallahassee, FL 32303	,	
Enter new mailing address, if applicable:	Text Trash, LLC		
(Mailing address MAY BE A POST OFFICE BOX)	1737 Sunset Ln		
	Tallahassee, FL 32303		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	·	nter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida stre	eet address	
	. Flori	da	
<del></del>	City	Zin 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

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** <u>Address</u> <u>Title</u> <u>Name</u> Remove Remove

D. If amending any other informati	ion, enter change(s) here: (Attach add	ditional sheets, if necessary.) FILED
		13 APR 15 AM 10: 00
		SECRETARY OF STATE TALLAHASSEE, FLORIDA
Dated April 4th	2013	
Muy Ad	ature of a member or authorized represent	tative of a member
Timothy Dean	Typed or printed name of sign	

Page 3 of 3

Filing Fee: \$25.00