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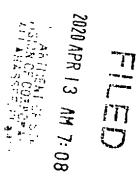
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APR 2 4 2020 S. YOUNG

COVER LETTER

TO: Registration S Division of Co		•	
JOHNSO:	N AND SONS DUMPSTER AN	D CRANE SERVICE LLC.	
SUBJECT:4	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	WALKER W. BULLOCK		
		Name of Person	
	BULLOCK LAW FIRM, E	PLLC	
		Firm/Company	
	1000 NE 6TH BLVD.		
		Address	
	WILLISTON, FL 32696		
		City/State and Zip Code	
	mcjroofing@gmail.com	to be used for future annual report notif	(Cation)
For further information	concerning this matter, please of		
WALKER W. BULLO		352 472-6295	
Name	of Person		e 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JOHNSON AND SONS DUMPSTER AND CRANE SERVICE LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

-	(A Florida Limited	Liability Company)		
The Articles of Organization for this Limited I	Liability Compar	y were filed on $\frac{07}{}$	16/2012	and assigned
Florida document number 1.12000091776				6
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited lia	bility company he	<u>re</u> :	
N/A				
The new name must be distinguishable and contain the	words "Limited Lia	bility Company," the de	signation "LLC" or th	he abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A		
(Principal office address MUST BE A STRE	ET ADDRESS)			
				
		N1(4		
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE	E BOX)			
B. If amending the registered agent and/or agent and/or the new registered office address.		e address on our re	ecords, <u>enter the r</u>	name of the new registered
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
ine wines in the reduced.		Enter Flor	ida street address	
			, Florida	Zip Code
		City		Zip Code
New Registered Agent's Signature, if changing	Registered Agen	<u>t:</u>		
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg- being filed to merely reflect a change in the	per and comple gistered agent a	te performance of s provided for in C	my duties, and La Chapter 605, F.S.	am familiar with and Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGMR	MAC C. JOHNSON	104 SW 266 ST.	□ Add
		NEWBERRY, FL 32669	≡ Remove
			□Change
AMBR	DANA D. JOHNSON	104 SW 266 ST.	Add
		NEWBERRY, FL 32669	□ Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
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			□Add
			□Remove
			Change

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Filing Fee: \$25.00