## 4/2000/15584

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	<del>• #)</del>
PICK-UP	☐ WAIT	MAIL
(	usiness Entity Nam	ne)
(De	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
	A. Ll	JNT
	NOV 2	
	EVAR	MINER

Office Use Only



600241389626

2812 Name 27 AN ISS 50
SECULTIVENE OF STATE
FALL ARASSEE, FLORIBI

DEFNETMENT OF STATE



ACCOUNT NO.	: I2000000195				
REFERENCE	: 426992 7913164	1			
AUTHORIZATION		20.			
COST LIMIT	: \$ 25	denan			
ORDER DATE : November 19, 2012					
ORDER TIME : 8:35 AM					
ORDER NO. : 426992-010		<b>2212</b>			
CUSTOMER NO: 7913164		AHAS			
		27 <b>A</b>			
DOMESTIC AMENDMENT FILING					
NAME: BIG MCK'S TRASHOUT & GENERAL LABOR, LLC					
EFFECTIVE DATE:					
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STA	NDING				
CONTACT PERSON: Harry B. Davis	EXT# 2926				
	EXAMINER'S INITIALS:				

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## BIG MCK'S TRASHOUT & GENERAL LABOR, 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 Comp.	oany were filed on <u>09/10/2012</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Company," the c	lesignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u> </u>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	(Enter Flori	ida street address)
		, Florida
	(City)	(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)

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 **Title** Name ' Address Type of Action 5503 110th Avenue North MGRM Richard L McKibben Ø3 ∧dd Apt #A107 □ Remove Pincilas Park FL 33782 \_□ Add ☐ Remove □ 'Add ☐ :Remove が記れて □ 'Add: ☐ Romove □ Add \_□ Remove D Add ☐ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) November 26. Dated Signature of a member or authorized representative of a member Sondra R McKibben Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00