

L12 000127185

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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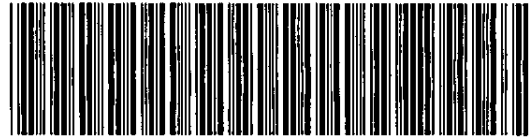
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

J. Shivers JAN 16 2015

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: R & R Hauling of Orlando 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:

Natasha Ramjas

Name of Person

R & R Hauling of Orlando LLC

Firm/Company

17632 County Road 455

Address

Montverde, FL 34756

City/State and Zip Code

RamjasN@yahoo.com

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

For further information concerning this matter, please call:

Natasha Ramjas

Name of Person

at (352) 989-0766

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**

B & R Hauling of Orlando 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 10/04/2012 and assigned  
Florida document number L12000127185.

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 "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

17632 County Road 455  
Montverde, FL 34756

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:

Natasha Ramjas

New Registered Office Address:

17632 County Road 455

Enter Florida street address

Montverde

City

Florida

34756

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.

Natasha Ramjas  
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Chetram Ramips	17632 County Road 455 Montverde, FL 34756	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Bitawontie Ramips	17632 County Road 455 Montverde, FL 34756	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt of filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated January 1, 2015

*Notasha Ramjas*

Signature of a member or authorized representative of a member

*Notasha Ramjas*

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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