

L13000085099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

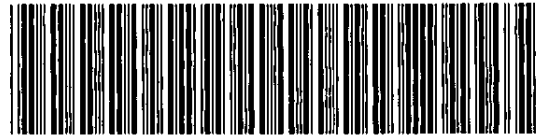
(Business Entity Name)

(Document Number)

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2013 AUG 23 PM 4:00
STATE OF ARIZONA
CLERK OF SUPERIOR COURT

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AUG 23 2013

T CLINE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 9, 2013

AUSTIN JENSEN
7990 E BAYMEADOWS RD UNIT 303
JACKSONVILLE, FL 32256

SUBJECT: DUMPSTER LIFE WELDING, L.L.C.
Ref. Number: L13000085099

We have received your document for DUMPSTER LIFE WELDING, L.L.C.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline
Regulatory Specialist II

Letter Number: 513A00019123

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RECEIVED
DIVISION OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **DUMPSTER LIFE WELDING 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:

AUSTIN JENSEN

Name of Person

DUMPSTER LIFE WELDING LLC

Firm/Company

7990 E BAYMEADOWS RD UNIT 303

Address

JACKSONVILLE, FL 32256

City/State and Zip Code

DUMPSTERLIFE@COMCAST.NET

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

For further information concerning this matter, please call:

AUSTIN JENSEN

Name of Person

843 476-1170

at ()

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
2013 AUG 23 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

DUMPSTER LIFE WELDING, L.L.C.

(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 JUNE 11, 2013 and assigned
Florida document number L13000085099.

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)

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:

New Registered Office Address:

Enter Florida 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:

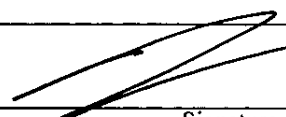
MGR = Manager
MGRM = Managing Member

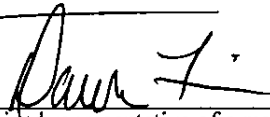
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM/CEO	AUSTIN JENSEN	7990 E BAYMEADOWS RD	<input checked="" type="checkbox"/> Add
		UNIT 303	<input type="checkbox"/> Remove
		Jacksonville, FL 32256	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

SECRETARY OF STATE
AUSTIN JENSEN
2013 APR 23 PM 4:00
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated _____


Signature of a member or authorized representative of a member
Austin Jensen
Typed or printed name of signee


Signature of a member or authorized representative of a member
DAWN FUCCI
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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STATE CLERK OF STATE
MASSACHUSETTS

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