

L13000171838

(Requestor's Name)

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(Business Entity Name)

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2015 JAN 14 AM 11:27
TALLAHASSEE, FLORIDA

JAN 24 2015

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: General Disposal, 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:

Julie Frase
Name of Person

General Disposal, LLC
Firm/Company

340 Socrates Dr.
Address

Dunedin, FL 34698
City/State and Zip Code

discountdumpsters1@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

or Julie Frase at (727) 251-4031
Name of Person Area Code Daytime Telephone Number
Daniel Michie 305 481-8213

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

2015 JAN 14 AM 11: 27

General Disposal, LLC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12/12/13 and assigned
Florida document number L13000171838

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)

340 Socrates Dr.
Dunedin, FL 34698

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

340 Socrates Dr.
Dunedin, FL 34698

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:

Julie Frase

New Registered Office Address:

340 Socrates Dr.

Enter Florida street address

Dunedin

City

Florida

34698

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.

Julie Frase

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

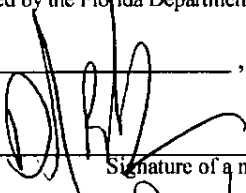
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Daniel Michie	340 Socrates Dr.	<input checked="" type="checkbox"/> Add
		Dunedin, FI 34698	<input type="checkbox"/> Remove
MGR	Julie Frase	340 Socrates Dr.	<input checked="" type="checkbox"/> Add
		Dunedin, FI 34698	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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

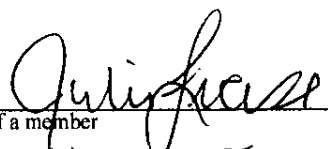
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 1.1.15, _____.



Signature of a member or authorized representative of a member
David B Michie

Typed or printed name of signee



Julie Fraze

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA