

L4000033898

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

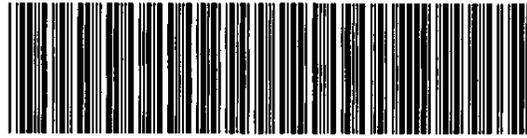
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAR 12 2015
D. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ABLAZE HAULING 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:

RONALD K TITUS

Name of Person

ABLAZE HAULING LLC

Firm/Company

1449 GENERAL CUSTER AVE

Address

DAYTONA BEACH, FL 32124

City/State and Zip Code

ablazehauling@gmail.com

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

For further information concerning this matter, please call:

RONALD K TITUS

at 772 519-2084)

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TALLAHASSEE FLORIDA

Name of Person

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**

Page 4

ABLAZE HAULING 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

02/27/14

Florida document number L14000033898

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)

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and assigned
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TALLAHASSEE FLORIDA

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 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.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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

Title	Name	Address	Type of Action
MGR	TITUS, RONALD K	1449 GENERAL CUSTER AVE DAYTONA BEACH, FL 32124	<input checked="" type="checkbox"/> Add
AMBR	BLEVINS, TONI N	1449 GENERAL CUSTER AVE DAYTONA BEACH, FL 32124	<input checked="" type="checkbox"/> Add
AMBR	TITUS,	151	<input type="checkbox"/> Remove

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FILED

NEAL
O

WOODCREST
DR.
FORT PIERCE, FL 34945

Add
 Remove

AMBR SANCHEZ, MICHAEL W

151 WOODCREST DR.

FORT PIERCE, FL 34945

Add
 Remove

Add

Remove

Add

Remove

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

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TALLAHASSEE FLORIDA

E. Effective date, if other than the date of filing:

(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)

(optional)

Dated FEBRUARY 16 2015

Signature



RONALD K TITUS of
a member
or
authorized
representative
of
a
member

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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