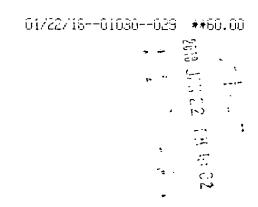
L14000041492

(Reque	estor's Name)	
(Addre	ss)	
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(City/Si	tate/Zip/Phone	#)
PICK-UP	WAIT	MAIL
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(Docur	nent Number)	
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JH2320in J.HARRIS

COVER LETTER

Division of Corpo	prations		
Lands End To	ransportation Service LLC		
<u> </u>	Name of Limited Liability Company		
The enclosed Articles of A.	mendment and fee(s) are submitted for filing.		
Please return all correspond	lence concerning this matter to the following:		
	Edward Joseph Rodriguez		
	Name of Person		
Firm/Company			
	3140 Fairlane Farms Rd		
	Address		
	Wellington, FL 33414		
City/State and Zip Code			
	edrinfinity@yahoo.com		
	E-mail address: (to be used for future annual report notification)		
For further information con	cerning this matter, please call:		
Edward J Rodriguez	561 414-9500		
Name of P	erson Area Code Daytime Telephone Number		
Name of P	erson Area Code Daytime Telephone Number		
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

TO:

Registration Section

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

Florida document number L14000041492 This amendment is submitted to amend the following:	ssigned
The Articles of Organization for this Limited Etability Company were filed on and as Florida document number This amendment is submitted to amend the following:	ssigned
_	
A. If amonding name, onton the name not the limited liability.	
A. If amending name, enter the new name of the limited liability company here:	
Jet Waste LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "I	L.C."
Enter new principal offices address, if applicable: 3140 Fairlane Farms Rd	+ (75)
Principal office address MUST BE A STREET ADDRESS) Wellington FL 33414	• * -
	- 1 53 - 10
Enter new mailing address, if applicable:	7::
Mailing address MAY BE A POST OFFICE BOX)	<u>: : : : : : : : : : : : : : : : : : : </u>
	Pap.

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			Change
		- 	
			☐ Remove
			☐ Change
		 -	Add
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			☐ Change
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	01/01/2018	
ective date	e, if other than the date of filing: (optional)	
n effective da	te is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)	Pursuant to 605.02
cument's ef	ate inserted in this block does not meet the applicable statutory filing requirements, this date was fective date on the Department of State's records.	viii not be fisted
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		ر کام داند ما ماهامی
	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. of day after the record is filed.	in the earner,
ne sour	lay after the record is filed.	
01-18-2	2018	
ted	· A A	•
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	Tand 111	•
	Signature of a member or authorized representative tha member	

Page 3 of 3

Filing Fee: \$25.00