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TO:

Registration Section Division of Corporations

SUBJECT:		IAN JUNK REMOVAL AND	HAULING SERVICES LLC	
SUBJECT.		Name of Lim	ited Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are sub	emitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Charlie Lopez		
			Name of Person	_
			Firm/Company	_
		9295 luna drive		_
			Address	
		Saint Cloud fl 34773		_
			City/State and Zip Code	202
		servicejunkremoval		一種
		E-mail address: (to be used for future annual report notification)	一旦美
For further in	nformation co	oncerning this matter, please c	all:	
Charlie Lope	ez		407) 668-7953 at ()	2022 JAN 24 PH 12: 50
	Name of	Person	Area Code Daytime Telephone Numb	per 5
Enclosed is a	a check for th	e following amount:		
■ \$25.00 I	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certific	Filing Fee, cate of Status & ed Copy nal copy is enclosed)
Re Dir P.C	diling Address gistration S vision of Co D. Box 632 Hahassee, F	Section orporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite	810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PAR PAR SO

SERVICEMAN JUNK REMOVAL AND HAULING SERVICES 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 Compan	y were filed on 03/29/2016	and assigned
Florida document number L16000063364		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LL	C" 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 agent and/or the new registered office address here:	e address on our records, <u>ente</u>	r the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	
	nner r tortaa street addre	33
 		lorida
	Cay.	гар Соае

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Sarah Lopez	6508 S GOLDENROD RD # C	□Add
		ORLANDO FL 32822	Remove
			□ Change
MGR	Charlie Lopez	6508 S GOLDENROD RD # C	≅Add
		ORLANDO FL 32822	Remove
			□Add
			□Remove
			□ Change
			□Add
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Effective date, if other	than the date of fil	03/29/2016 ing:	,	(option:	al)
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(If an effective date is listed, the Note: If the date inserted document's effective date	on the Department o				
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Note: If the date inserted document's effective date the record specifies a delaye ord is filed.	d effective date, but r	. 2022	ic, at 12:01 a.m. on t		The 90th day after the