

10/10/2019

Oct. 10. 2019 11:11AM

FREEDOMTAX

Division of Corporations

No. 4789 P. 1

H1600078890  
Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : FREEDOMTAX ACCOUNTING & MULTISERVICES, INC.  
Account Number : 120180000068  
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
A&A BULK REMOVAL, LLC

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OCT 11 2019

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A&A Bulk Removal, 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 04/21/2016 and assigned Florida document number L16000078890

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Victor's Bulk Removal, LLC

The new name must be distinguishable and contain 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)

Vertical stamp: 2019 OCT 10 AM 11:10

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:

Lesly A Rivera

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.

Signature of Lesly A Rivera

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 = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Jimenez, Luis B		<input type="checkbox"/> Add
		1509 Purple Violet Ct Orlando, FL 32824-6438	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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