## 1/6000/45390

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bt	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only

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## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	Fins Up Jun	nk Removal LLC ited Liability Company	
	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Om	ar Mendez	!
		P Junk Removal L	LC
	13876	SW 565+. #	‡ <i>247</i>
	Mic	mi FL 33175 City/State and Zip Code	
	Fins upic	City/State and Zip Code  Ank removal 6 9mail to be used for future annual report notifical:  at (305) 401-4  Area Code Daytime T	com i i
For further information	concerning this matter, please ca	alt:	
0 mar	Mendez	at (305) 401-4	1623 70 70
Name	of Person	Area Code Daytime T	elephone 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)
Regis	LING ADDRESS: tration Section ion of Corporations	STREET/COURIER Registration Section Division of Corporati	1

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fins Up Junk	Re mova l	LLC		
( <u>Name of the Limited Liability Com</u> (A Florida Limited	any as it now appear i Liability Company)	rs on our records.)		
he Articles of Organization for this Limited Liability Companion lorida document number <u>L16 0001453 9 0</u> .	y were filed on	08/14/16	:	and assigned
his amendment is submitted to amend the following:				
. If amending name, enter the new name of the limited lia	bility company he	ere:		
Fins Up Property Ser			he abbrevia	tion "L.L.C."
nter new principal offices address, if applicable:				<u> </u>
Principal office address MUST BE A STREET ADDRESS)				
nter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)				
If amonding the maristand and adding the		뉡		
. If amending the registered agent and/or registered or egistered agent and/or the new registered office address he	ollice address on re:	our records, en	iter_the	name of the
	_	•	?	,
Name of New Registered Agent:		the second	<i>ب</i>	1 1 3
-			<del></del>	1
New Registered Office Address:	Enter Flor	ida street address :-	رن رنن	1
		F .	رب	
<del></del>	City	, Florida		Code
ew Registered Agent's Signature, if changing Registered Agent	•			
hereby accept the appointment as registered agent and agree covisions of all statutes relative to the proper and complete coept the obligations of my position as registered agent as eing filed to merely reflect a change in the registered office ompany has been notified in writing of this change.	- ree to act in this c performance of provided for in C	my duties, and Le Thapter 605, F.S.	ım famili Or, if thi	ar with and s document is
If Cha	nging Registered Ag	ent, Signature of New	v Registero	d Agent

If amending or removed	g Authorized Person(s) authorized to π from our records:	nanage, <u>enter the title, лате, а</u>	nd address of each person being added
MGR= M AMBR= A	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Remove
			□ Change
			☐ Remove
			. ; □ Change
		1919999	
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			Remove
			☐ Change

amending any other information, enter change(s) here: (Attach addi	tional sheets, if nec	essary.)	
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ffective date, if other than the date of filing:	more than 90 days afte	onal) <sup>J</sup> i filing.) Pursua	int to 605.020
ote: If the date inserted in this block does not meet the applicable statutory fit ocument's effective date on the Department of State's records.	ing requirements. thi	s date will no	tbe listed a
e record specifies a delayed effective date, but not an effective The 90th day after the record is filed.	e time, at 12:01	a.m. on the	e earlier o
ated October 17 2017			
Signature of a member of authorized representation	ve of a member		
Omar Mendez Typed or printed name of signee			İ
Ulviai Tilehoch			1

Page 3 of 3

Filing Fee: \$25.00