L1600/69573

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COVER LETTER

TO: Registration S Division of Co			
FLORIDA	'S # 1 JUNK REMOVAL LLC	·	
308JEC1.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MARIO VICTOR		
	FLORIDA'S # 1 jUNK RI	Name of Person	
	5163 CORTEZ CT	Firm/Company	
	DELRAY BEACH, FL 33	Address 484	<u> </u>
	MARIOJOSEPH68@GM		
For further information c	h-mail address: (concerning this matter, please co	to be used for future annual report notiful:	lication)
MARIO VICTOR		561 613 3562	
Name (of Person	at ()	e Telephone Number
Enclosed is a check for t	he 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)
MAIL	ING ADDRESS:	STREET/COURT	ER ADDRESS:

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLORIDA'S # 1 JUNK 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 9/19/2018	and assigned
Florida document number L16000169573		ن ن ن
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited ligh	oility company here:	
KING JUNK LLC		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC	
nter new principal offices address, if applicable: 5163 CORTEZ CT, DELRAY I		BEACH,FL 33484
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5163 CORTEZ CT,DELRAY	' BEACH,FL 33484
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		s, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	
	rı.	orida
	Ciry	orida 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

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

$\mathbf{AMBR} = \mathbf{A}$	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
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k ffac	tive date if other then t	the date of filing:		(optional)
If an c Note:	ffective date is fisted, the date is 11f the date inserted in this	must be specific and cannot be prior s block does not meet the applied a Department of State's records.	to date of filing or more than 90 day	s after filing.) Pursuant to 605.0207
he re The	ecord specifies a delay e 90th day after the r	yed effective date, but not record is filed.	t an effective time, at 12:	01 a.m. on the earlier of:
Datec	l	·	<u> </u>	
		11.	rized representative of a member	
		Mano //1010	ri and concocantorina of a manhar	- 1 11LF 1

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00