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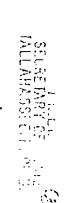
(Requestor's Name)	<u>-</u>
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: USA Dumpster Pentals LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
JOSE AVAIO Name of Prison	
USA DUMPSTER RENTAIS LLC	
3147 NW NOrth RIVER Drive	
MiGMI, FL 33142 City/State and Zip Code	
USadumpsterrentals egyptil. Co E-mail address: (to be used for future annual report notification)	\sim
For further information concerning this matter, please call:	
Name of Person at (305) 435 5435 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified C	of Status &

MAILING ADDRESS:

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

(Name of the Limited Liability (A Florida	' Company as it now appears on ou Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Co	ompany were filed on <u>OP 1</u> 7	21 2016 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation	on "LLC" or the abbreviation *L.L.C"
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRI	ESS)	19 2 17 27
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		·
B. If amending the registered agent and/or registered agent and/or the new registered office address.		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	A address
		Florida
	Сиу	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

AMBR = Authorized Member Title Address Type of Action Name Nadioda Velazco MGR 3147 NW NOrth RIVEY DAD DAVE MIGMI, FL 33142 Remove 3147 NW NOrth RIVEY - Change Nocioda Tadeo Drive Mami, FL 33142 XAdd Mbe □ Remove ☐ Change □ Add ☐ Remove □ Change □ Add ☐ Remove □ Add ___ Change ☐ Remove __ Change

	
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E. Effec	tive date, if other than the date of filing: 12 19 20 17 (optional)
Note	flective date 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listement's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie e 90th day after the record is filed.
(b) In	Dera her 19 200
,	December 19 2017.
	Signature of a permber or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00