## 117000009048

(Re	equestor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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## **COVER LETTER**

TO:	Registration Se Division of Cor		<b>v</b>	
SUBJI		DISPOSITION, LLC		
30131	ECT	Name of Lim	ited Liability Company	<del></del>
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	endence concerning this matter	to the following:	
		Frank N. Lago		
			Name of Person	
		Bay Area Corproate Couns	el	
			Firm/Company	
		4830 W. Kennedy Blvd, Si	e 600	
			Address	
•		Tampa, FL 33609		
			City/State and Zip Code	
		Frank@BayAreaCorporateC	Cousnel.com to be used for future annual report notifications.	(action)
For fiv	ther information c	oncerning this matter, please ca		(cation)
		oncoming this matter, prease of		
Frank	N. Lago, Esq.		at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for t	ne following amount:		
\$2	5.00 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)

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

SENIORS DISPOSITION, LLC	
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Cor Florida document number L17000009048	mpany were filed on $\frac{01/11/2017}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	d liability company here:
The new name must be distinguishable and contain the words "Limite	d Liability Company." the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	ALC:
(Principal office address MUST BE A STREET ADDRE	SSS) ARE
Enter new mailing address, if applicable:	30 PH
(Mailing address MAY BE A POST OFFICE BOX)	ORIOTE SECTION OF THE
B. If amending the registered agent and/or registeregistered agent and/or the new registered office addressed agent and/or the new registered office addressed agent.	red office address on our records, enter the name of the newss here:
New Registered Office Address:	
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.

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>	Address	Type of Action
MGR	DARCY ROUHANI	692 Bellingham Pl.	□ Add
		Palm Harbor, FL 34684	□ Remove
			Change
•			Add
		<u> </u>	☐ Remove
			Change
	<del></del>		Add
	,		Remove
			Change
			□ Add
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Effecti	ve date, if other than the date of filing: (optional)	
Note:	ective 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 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ent's effective date on the Department of State's records.	605.0207 listed as
) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the eagoth day after the record is filed.	irlier of
Dated	Signature of a member or authorized representative of a member	
Dated		
	Signature of a member or authorized representative of a member	

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Typed or printed name of signee

Filing Fee: \$25.00