## 117000035624

(Re	equestor's Name)	,
(Ac	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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D. SCOTT JUL 11 2017

## **COVER LETTER**

TO: Registration So Division of Co		4	-	
SUBJECT:	Grey's Haulin Name of Lim	N G 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:		
	Toel	Aceve do Name of Person		
	<u>Grey's</u>	Hauling Firm/Company		
	806 Hastin	P1.		
	Kissimmee jacevedojo	City/State and Zip Code  Songmail. Com to be upd for future annual report notif	ication)	TIES FILE
For further information of	concerning this matter, please ca		,	には、これに
Joel A	ceveds of Person	at (508) 762-3 Area Code Daytime	2 08 <b>3</b> : Telephone Number	02
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 Certificate of Certified Cop (additional copy	f Status & Dy

• 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



## FLORIDA DEPARTMENT OF STATE **Division of Corporations**

May 16, 2017

JOEL ACEVEDO 806 HASTIN PL KISSIMMEE, FL 34758

SUBJECT: GREY'S HAULING, LLC Ref. Number: L17000035624



We have received your document for GREY'S HAULING, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

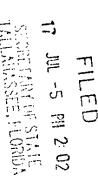
Please select type of action on page 2 of 3.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Pijeaux Regulatory Specialist

Letter Number: 917A00009701



## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Grey's Harling 11	$\Gamma$
( <u>Name of the Limited Liablity</u> (A Florida Li	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Con-	npany were filed on <u>February 14, 2017</u> and assigned
Florida document number <u>L 170000 3 5624</u>	, and the second se
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability company here:
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 ADDRES	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or register	ed office address on our records, enter the name of the new
registered agent and/or the new registered office address	s here:
`	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered A	
	d agree to act in this capacity. I further agree to comply with the
provisions of all statutes relative to the proper and com accept the obligations of my position as registered agen	plete performance of my duties, and I am familiar with and at as provided for in Chapter 605, F.S. Or, if this document is office address, I hereby confirm that the limited liability
Ţ	f Changing Registered Agent, <u>Signuture of New Registered Agent</u>

If amending or removed f	Authorized Person(s) authorized to man from our records:	nage, <u>enter the title, name, and address of ea</u>	ch person being added
MGR = Ma AMBR = Au	anager Ithorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Gladys Acevedo	gos Hastin PL.	Add
		Kissimmee, Fl. 34758.	Remove
			Change
AMBR	Javier Aceredo	406 Hastin PL. Kissimmee ,FL-347	Add
		Kissimmee FL-347	S ☐ Remove
			Change
			🗆 Add
			Remove
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<del></del>			Change — — — — — — — — — — — — — — — — — — —
			22 Remove
			Change
			□ Add
			□ Remove

\_ Change

If amending an	ny other information,	, enter change	(s) here: (Atta	ach additional	sheets, if neces	ssary.)	
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Effective date,	if other than the date	e of filing: <u>் ந</u>	midiately	£ €1:	(option	nal)	1 1 1
Note: If the date	is listed, the date must be specified in this block d	loes not meet the	e applicable stat	utory filing rec	quirements, this	date will not be liste	d as
document's errec	ctive date on the Depart	ment of State's i	records.				3
	cifies a delayed efforty of after the record i		but not an e	ffective time	e, at 12:01 a.	m. on the earlie	er of
Dated <u>MAY</u>	11, 2017.						
J		PI	$\geq$				
	Signa	ature of a member	or authorized re	presentative of a	member	· · · · · · · · · · · · · · · · · · ·	
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	7001	Aceve d	or printed name	of signee	<del> </del>		

Page 3 of 3

Filing Fee: \$25.00