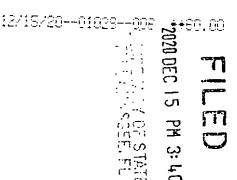
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Special Instructions to I	Filing Officer:	

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COVER LETTER

TO:	Registration Section Division of Corpor					
SUBJE	ct: <u>Unlim</u> i	Led - No bris Rom Name of Limited Liabi	Ility Company			
The end	closed Articles of Am	endment and fee(s) are submitted fo	or filing.			
Please	return all corresponde	nce concerning this matter to the fo	llowing:			
		Corel J	OCKSON une of Person		-	
		2315 23°G	irm/Company Address		2020 DEC 15 PM 3: 40	
	-	Civia hollson	Seach FL 33 tate and Zip Code th .not I for future annual report notifical	tion)	PH 3: 40 OF STATE SEE, FIL	
For fur	ther information conc	erning this matter, please call:				
	Drey Jacof Pe	rson a	Area Code Daytime To	3-5304 Elephone Numbe	r	
	ed is a check for the f	☐ \$30.00 Filing Fee & ☐ \$5 Certificate of Status ☐	55.00 Filing Fee & Certified Copy additional copy is enclosed)	Certifica Certified	iling Fee, ate of Status & I Copy I copy is enclosed)	
	Mailing Address: Registration Sec	tion	Street Address: Registration Section	on		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Unlimited Debris	Removal LLC	
(Name of the Limite	d Liability Company as it now appears on our rec A Florida Limited Liability Company)	<u>cords.</u>)
The Articles of Organization for this Limited Li. Florida document number \(\bigcup_1\frac{71\times_10}{10}\)		and assigned
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
Purchlist Debris P	semoval LC	
The new name must be distinguishable and contain the we	ords "Limited Liability Company," the designation "I	LLC" or the abbreviation "L.IC."
Enter new principal offices address, if applica	ıble:	
(Principal office address MUST BE A STREE	T ADDRESS)	0 4
	<u></u>	
		So B
Enter new mailing address, if applicable:		To the second second
(Mailing address MAY BE A POST OFFICE I	BOX)	- F
B. If amending the registered agent and/or reagent and/or the new registered office addres		ter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	dress
		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
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			Change
			DAdd
			Remove
			Remove Change STATE Remove
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Effective date, if other than the date of an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Departure record specifies a delayed effective date of the date of the Departure o	specific and canno does not meet the timent of State's ate, but not an eff	e applicable statut records. ective time, at 12:	ory filing requireme	ys after filing.) Ints, this date very service of the content of	vill not t	e listed as

Filing Fee: \$25.00