## L17000154963

(Request	or's Name)	
(Address	)	
(Address	)	
(City/Stat	te/Zip/Phone #)	
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## **COVER LETTER**

TO:

Registration Section . Division of Corporations

Tallahassee, FL 32314

SUBJECT:	THE WAR	RIOR 05, LLC			
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fec(s) are sub-	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
		ILKA REYES			
		Name of Person			
	т	HE WARRIOR 05, LLC			
		Firm/Company			
	2768	B EAGLE CANYON DR			
	<del></del>	Address			
	S	. KISSIMMEEE, FL 34746			
	<del></del>	City/State and Zip Code			
		YESILKA@GMAIL.COM			
	E-mail address: (	to be used for future annual report noti	fication)		
For further information	concerning this matter, please ca	ill:			
ILKA REYES		407 334-8796 at ()			
Name	of Person		e Telephone Number		
Enclosed is a check for (	the 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)		
Regisi Divisi	LING ADDRESS: ration Section on of Corporations 30x 6327	STREET/COURI Registration Section Division of Corpor Clifton Building	on		

2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	THE WARRIOR 05, LLC	🐯
(Name of the Limited	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number L17000154963	ility Company were filed on 07/19/2017	and assigned
This amendment is submitted to amend the follow	ing:	(5) (7)
A. If amending name, enter the new name of th	ne limited liability company here:	
THE WARRIOR DUMPSTER, LLC		
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET)	4DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BC	<u></u>	
	registered office address on our records, en	nter the name of the
registered agent and/or the new registered offic	e address here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			□ Change
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cetive date, if other than the date of filing:	ling.) Pursuant to 605.020 date will not be listed a
record specifies a delayed effective date, but not an effective time, at 12:01 a he 90th day after the record is filed.	
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cd	<u>14</u>
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	تن: •
Signature of a member or authorized representative of a member	
Signature of a number or authorized representative of a member  T   K a   R   V C    Typed or printed name of signee	

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Filing Fee: \$25.00