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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

THE WARRIOR DUMPSTER, LLC SUBJECT: _ 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: ILKA REYES MALPICA Name of Person THE WARRIOR DUMPSTER, LLC Firm/Company 2768 EAGLE CANYON DR S Address KISSIMMEE, FL. 34746 City/State and Zip Code REYESILKA@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 334-8796 ILKA REYES MALPICA Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$30.00 Filing Fee & ♣ \$25,00 Filing Fee □ \$55.00 Filing Fee & □ \$60,00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE WARRIOR DUM	PSTER, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appear liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	07/19/2017	and assigned
lorida document numberL17000154963			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liab	ility company ho	ere:	
THE WARRIOR 05, LLC			
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the c	lesignation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			——————————————————————————————————————
Principal office address MUST BE A STREET ADDRESS)			<u> </u>
			AFF CT T
			III.
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)	_		
			ADA
3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here		n our records, <u>e</u>	nter the name of the
Name of New Registered Agent:		.	
New Registered Office Address:	27 . 19	rida street address	
	Enter Plo	riaa sireet adaress	
		, Florid	
	City		Zip Code

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

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</u> or <u>removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Remove
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	he date inserted is effective date.				ole statutory fi	ling requirem	ents, this dat	e will not be l	isted as t
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Filing Fee: \$25.00