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Office Use Only



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Hello to whom it may concern

This from i4 valet waste & recycling

I am resubmitting this document because I forget to sigh it and had L.L.C. after the new name I already send the check with the I old document

This is the new one with all the information that was missing from the old one

Any question please contact me at 407-312-5008 dorvrbns@gmail.com

Thank you

Robenson dorvil



RECEIVED

JAN 1 6 2018

COVER LETTER

| | | tration Sect on of Corpo | | | | |
|-----------|-------------------------------------|-----------------------------|---|---|---|--|
| eun iez | | l waste vale | t & recycling "L.L.C.," | | | |
| SUBJEC | -1; <u> </u> | | Name of Lim | nited Liability Company | | |
| The encl | osed A | articles of A | mendment and fee(s) are sub | omitted for filing. | | |
| Please re | turn al | l correspond | dence concerning this matter | to the following: | | |
| | | | Robenson Dorvil | | | |
| | | | | Name of Person | | |
| | i4 valet waste & recycling "L.L.C." | | | | | |
| | | | | | | |
| | 5567 Pendleton dr | | | | | |
| | | | | Address | | |
| | | | Orlando, Florida, 32839. | | | |
| | | | | | | |
| | | | dorvrbns@gmail.com | | | |
| For furth | er into | rmation con | e-mail address: (ecerning this matter, please c | to be used for future annual report notificationall: | 5 2 | |
| Robenso | n Dor | vil | | 407 312-5008 | phone Numbur | |
| | | Name of F | erson | at () Area Code Daytime Tele | | |
| Enclosed | l is a c | heck for the | following amount: | | TO SELECT | |
| \$25.0 | 00 Fili | ng Fee | ■ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee. Certificate of Status & Certified Copy tadditional 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

| i4 valet waste & recycling "L.L.C.," | | |
|--|--|--------------------------------------|
| (Name of the Limited Liability Co (A Florida Limi | mpany as it now appears on our ited Liability Company) | records.) |
| he Articles of Organization for this Limited Liability Comp. | any were filed on 09-01-2017 | and assigned |
| Torida document number 1.17000188627 | | |
| his amendment is submitted to amend the following: | | |
| a. If amending name, enter the new name of the limited l | liability company here: | |
| 4 waste valet & recycling "L.L.C." | | |
| he new name must be distinguishable and contain the words "Limited L | iability Company," the designation | 1 "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDRESS | 5) | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | d. 3 |
| | | 1 = 1 |
| | | P. 2 |
| 3. If amending the registered agent and/or registered | d office address on our re | agent a resid |
| egistered agent and/or the new registered office address | | m - |
| | | |
| Mama of Nau Davigtarad Agants | | 5g f |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | 7 |
| | Enter Florida street | address |
| | | , Florida |
| | City | Zin 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** _□ Add □ Remove _□ Change □ Add □ Remove _□ Change □ Add _□ Remove ☐ Change □ Add □ Remove Add T U **E**Remove ☐ Change □ Add ☐ Remove ☐ Change

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| ın eff | ive date, if other than the date of filing: |
| ote: | If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records. |
| | |
| rec The | ford specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier or 90 th day after the record is filed. |
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| ated | 01-09-2018 |
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| | / / V/ //)!/ (|
| | Signature of a member or authorized representative of a member |

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Filing Fee: \$25.00