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COVER LETTER

Div	ision of Corp	oorations						
SUBJECT:	Berry Dispo	osal LLC						
JOBSECT.	Name of Limited Liability Company							
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.					
Please return	all correspor	ndence concerning this matter	to the following:					
		Berry Disposal LLC						
			Name of Person					
			Firm/Company					
	4105 Harrell Rd Address							
		Rockledge, FL 32955						
		dee.berrydisposal@gmail.co	City/State and Zip Code					
		E-mail address: (to be used for future annual report notif	ication)				
For further in	nformation co	oncerning this matter, please co	all:					
Deirdre Ego	cheaga		321 633-5611 at ()					
	Name of	Person	Area Code Daytime	e Telephone Number				
Enclosed is a	check for th	e following amount:						
■ \$25.00 F	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)				

MAILING ADDRESS:

TO:

Registration Section

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

Berry Disposal LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records ted Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Comp Florida document number	any were filed on 1/29/18	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	18 SE
		A CCR
		TAR
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		9
		OR OR
		DA DA
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		, enter the name of the new
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		
	Enter Florida street address	7
		orida
	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
MGR	Travis Berry	4105 Harrell Rd Rockledge FL 329	Add
			Remove
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			Remove
			Change
			□ Add
			☐ Remove
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ctive date, if other than th	e date of filing:	1/18	(0	ptional)	
effective date is listed, the date mee: If the date inserted in this be			ing or more than 90 days	after filing.) Pursuant to 6	
ment's effective date on the			ry ming requirements.	, tills date will not be i	isied us i
ecord specifies a delaye	d effective date, b	ut not an effe	ctive time, at 12:0	01 a.m. on the ear	dier of:
ne 90th day after the re	cord is filed.				
April 1	2018	1			
ed April 1			\supset $/$		
Ĺ		1 m	ahnan		
	Signature of a mention	1 70	entative of a member	<u> </u>	

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Typed or printed name of signee

Filing Fee: \$25.00