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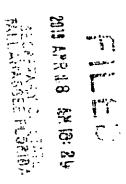
(Requestor's Name)
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04/18/18--01028--008 **25.00



J. HARRIS

COVER LETTER

то:	Registration Sec Division of Corp			
	FL DUMPT			
SUBJ	ECT:	Name of Limi	ited Liability Company	
The er	nclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		SOL LALAGUNA		
			Name of Person	
		FF FORMS		
		·	Firm/Company	· · · · · · · · · · · · · · · · · · ·
		13574 VILLAGE PARK D	OR STE K265	
			Address	
		ORLANDO, FL 32837		
			City/State and Zip Code	
		FLformser@gmail.com		
			to be used for future annual report notifi	ication)
For fu	irther information co	oncerning this matter, please co	all:	
Sol L	alaguna		321 299.5854 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclo	sed is a check for th	ne following amount:		
■ Si	25.00 Filing 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 (additional 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

FL DUMPTERS LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{04/09/18}{}$ _ and assigned Florida document number L18000089539 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: FL DUMPSTERS LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			□ Change
			□ Remove
			☐ Remove
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ffective date, if other	ner than the date of ed, the date must be speci	filing:	or to date of filing or	more than 90 days after	ional) er filing.) Pursuan	t to 605.0207
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00