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COVER LETTER

Division of Corporations
SUBJECT: Waste Squad Trash Valet LLC 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:
Cory Trudell Name of Person
Waste Squad Trash Valet U.C.
<u>Ce89</u> Oakwood Dr. Address
Dunedin TL 31698 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
for further information concerning this matter, please call:
Cory Trudell at (727) 871-0589 Name of Person Area Code Daytime Telephone Number
Inclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \$\ \text{\$\subseteq} \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$

 ${\bf MAILING~ADDRESS:}$

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

Name of the Limited	Liability Comps	iny as it now appears Liability Company)	et LLC		
The Articles of Organization for this Limited Liab Florida document number <u>L1800010603</u>	bility Company		, 1	and assigne	ed
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited liab	ility company her	<u>re</u> :		
The new name must be distinguishable and contain the wor Enter new principal offices address, if applical (Principal office address MUST BE A STREET	ole:	lity Company," the de	signation "LLC" or the ab	breviation "L.L.C.	SEGINITALION TO A SEGINITALION
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>0X)</u>			AM ::: %;0	
B. If amending the registered agent and/or registered agent and/or the new registered offi	•		our records, <u>enter</u>	the name of t	the new
Name of New Registered Agent:		Cory	Trudell		
New Registered Office Address:			da street address	74/1,98	
	L	City	, Florida		<u></u>

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>	Name	<u>Address</u>	Type of Action
<u>AMBR</u>	Cory Trudell	141 New York Ave. Dunedin, FL. 34692	MAdd
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Effective date, if oth If an effective date is liste Note: If the date inserdocument's effective of	rted in this block do	es not me	eet the applic	able statutory	g or more than 9 filing require	(optional) 0 days after filing ments, this date	.) Pursuant to 605.0	.0207 :d as
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Filing Fee: \$25.00