

L18000121 746

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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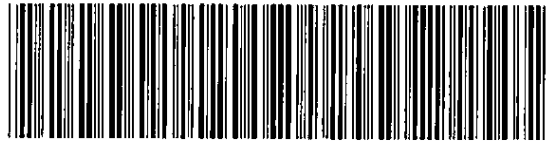
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TAKING A DUMP 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:

Joseph Molinaro CPA

Name of Person

Joseph Molinaro CPA, LLC

Firm/Company

88511 Overseas Hwy., Suite 4

Address

Tavernier, FL 33070

City/State and Zip Code

joe@jmolinaro.cpa

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph Molinaro CPA

305

852-4373

Name of Person

at (_____) _____

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe St.
Tallahassee, FL 32310

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

TAKING A DUMP 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 May 15, 2018 and assigned
Florida document number 118000121746.

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 Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

90791 Old Hwy., Unit 1

Tavernier, FL 33070

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

90791 Old Hwy., Unit 1

Tavernier, FL 33070

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:

Dylan T. Moore

New Registered Office Address:

90791 Old Hwy., Unit 1

Enter Florida street address

Tavernier

Florida 33070

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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Thomas J. Hayes	146 Sioux Street	<input type="checkbox"/> Add
		Tavernier, FL 33070	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jose A. Bolivar	81101 Overseas Hwy. Apt. 21	<input type="checkbox"/> Add
		Islamorada, FL 33036	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Dylan T. Moore	90791 Old Hwy., Unit 1	<input checked="" type="checkbox"/> Add
		Tavernier, FL 33070	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Sky A. Moore	90791 Old Hwy., Unit 1	<input checked="" type="checkbox"/> Add
		Tavernier, FL 33070	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated Feb 14, 2024

Thomas J. Hayes

Typed or printed name of signee