## 48000230/32

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## **COVER LETTER**

TO:	Registration Sec Division of Corp			*		
SUBJE	ect: D&J	Dirt Works LLC				
		Name of Lim	ited Liability Company			
The en	closed Articles of a	Amendment and fcc(s) are sub	mitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:		•	
			Jason A Perry			
			Name of Person		2019 JAN TH	n-q-
			Firm/Company		N TU	
211 Ravenway Dr.					The TO	į
			Address	<u> </u>	P D 38	
		Se	ffner, Fl. 33584		00 %	
		doing	City/State and Zip Code			
			dirtworks@gmail.com to be used for future annual report notil	fication)		
For fur	ther information co	oncerning this matter, please c	aH:			
	Jason A P	erry	at ( <u>813</u> ) <u>699-208</u>			
	Name of	f Person	Area Code Daytim	e Telephone Number		
Enclose	ed is a check for th	ne following amount:				
☐ \$2:	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

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

## D& I Dirt Works I I C

שלא		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records. Liability Company)	,
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000230132</u> .	were filed on10/27/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Rhino Dirt Works LL		
he new name must be distinguishable and contain the words "Limited Liabi	lity 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)	<u> </u>	25
		2: 5
		583
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		rain page Value
		- E. ω
		77
<ol> <li>If amending the registered agent and/or registered of egistered agent and/or the new registered office address her</li> </ol>		enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flor	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>-</u>	
hereby accept the appointment as registered agent and agr	ee to act in this capacity. I furt	her agree to comply with th

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	Doug Fresn	206 Ravenway Dr	
		Seffner, FI 33584	<b>⊠</b> Remove
			☐ Change
AMBR	Donna M Lockhart	1009 Branwood Dr	
		Riverview, Fl 33578	☑ Remove
			Z CHange
			A CENTRE DE Remove
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ffective date, if of	her than the date o	of filing:		(opti	ional)	
an effective date is list lote: If the date inse	ed, the date must be spec erted in this block doe	cific and cannot be priess not meet the appl	or to date of filing or r icable statutory filin	nore than 90 days afte ng requirements, thi	r filing.) Pursuant to 60: s date will not be list	5.0207 ted as
ocument's effective	date on the Departme	ent of State's record	S.			
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Typed or printed name of signee

Filing Fee: \$25.00