L18000251734

(Requestor's Name)	
(Address)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of	Status
Special Instructions to Filing Officer:	
Free Amendment	-

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COVER LETTER

	ation Section r of Corporations	
SUBJECT:	i Horse Putters LLC	
30 63E C1	Name of I	Limited Liability Company
The enclosed Art	icles of Amendment and fee(s) are	inhmitted for filing
Please return all o	correspondence concerning this mat	ter to the following:
	Dalton Stanley	
		Name of Person
	Disposable Product S	
		FicheCompany
	PO Box 500251	
	Malabar, FL 32950	Acdress
	disposablearedriatsolu	City/State and Zip Code hons/chamail.com
		s: (to be used for future annual report notification)
For further inforn	nation concerning this matter, please	e call:
Dalton Stanley		321 7049795 = () ,
	Name of Person	Area Code Daytime Telephone Number
Enclosed is a che	ck for the following amount:	
□ \$25 00 Filing	Fee S30.00 Filing Fee & Certificate of Status	
		•
	MAILING ADDRESS: Registration Section	STREET/COURIER ADDRESS: Registration Section
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle Tullahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Iron Horse Putters LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lin	ompany as it now appears on our record ited Liability Company)	<u> </u>
The Articles of Organization for this Limited Liability Comp Florida document number L18000251734	pany were filed on 10/25/18	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Disposable Product Solutions LLC		
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:		<u> </u>
(Principal office address MUST BE A STREET ADDRES.	S)	
		: 0
		· · · ·
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Muiling address MAY BE A POST OFFICE BOX)		
		
		- · · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registere registered agent and/or the new registered office address Name of New Registered Agent:	d office address on our records here:	s, enter the name of the new
New Registered Office Address:		
	Enter Florida street addres	N.
		orida
		zip Code
New Registered Agent's Signature, if changing Registered Ag	ent:	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	lete performance of my duties, an as provided for in Chapter 605.	nd Lam familiar with and F.S. Or, if this document is
If	Changing Registered Agent, Signature o	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> AR	Name Spencer S. Tuttle	Address 2465 QUARTERMAN I ANF	Type of Action
		MALABAR, FL 32950	
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Tective date, if other than the dan effective date is listed, the date must ote: If the date inserted in this block cument's effective date on the Dep	se specific and cannot be prior is does not meet the application parmient of State's records.	to date of filing or mable statutory filing	ore than 90 days after t g requirements, this	iling.) Persuant to 605.020 date will not be listed a
record specifies a delayed The 90th day after the reco	affective date, but not d is filed.	t an effective t	ime, at 12:01 a.	m. on the earlier o
October 31st	2018	·		
ated				
Dat St	gnature of a member or author	of carl prins		

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Filing Fee: \$25.00