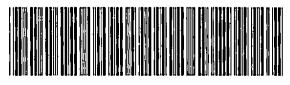
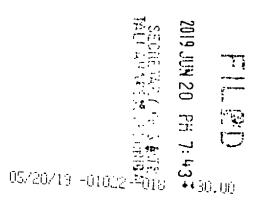
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COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT:	Dumpin 8	850 LLC	
	Name of Limi	ited Liability Company	
The enclosed Articles of Am	endment and fee(s) are sub-	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	Jesse L	-awhorn Name of Person	
		Firm/Company	_
	7009 N	Lagoon Dr. #11	03
	<u>Panama</u>	City Beach, FL City/State and Zip Code 1715 @yahoo.com	32408
_		to be used for future annual report not	
For further information conc	•		
Terri L Name of Pe	-awhorn (AME	at (<u>850</u>) <u>819 - 1</u> Area Code Daytin	574 ne Telephone Number
Enclosed is a check for the fo	ollowing amount:		
□ \$25.00 Filing Fce	\$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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dumpin 8		
(Name of the Limited Liabili (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number <u>4190000928</u>	Company were filed on <u>Jan 7, 21</u>	019 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit Cuttin' 850 Dumpin'	LLC	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDE	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		enter the name of the ne
Name of New Registered Agent:		TO P 423
New Registered Office Address:		2 7 0
	Enter Florida street address	र्क
	, Flor	ida
	Ciţ	Lip 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 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 ad or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			☐ Change
			□ Add
			Remove
			Change
			□ Add
			☐ Remove
			☐ Change
			Add Remove
			Remove
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			Change

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Effective date, if other than the date of filing: f an effective date is listed, the date must be specific and cannot be prior to date of filing or m	
Yote: If the date is listed, the date must be specific and cannot be prior to date of filing or many the state of filing or many the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	ore than 90 days after filing.) Pursuant to 605.0207 ig requirements, this date will not be listed as
e record specifies a delayed effective date, but not an effective t The 90th day after the record is filed.	time, at 12:01 a.m. on the earlier of
Dated $\frac{5/17/2019}{}$.	
Derri Lawhorn (AMBR) Signature of a member or authorized representative	of a member

Page 3 of 3

Filing Fee: \$25.00