

L19000010824

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

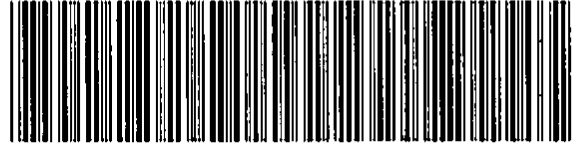
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800330247718

06/14/19--01:00--014 **25.00

APPROVED
AND
FILED
2019 JUN 14 PM 3:19
JUL 01 2019

T GLASS

JUL 01 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A&J MUNRAYOS DUMP TRUCK SERVICES 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:

FARAH CRUZ

Name of Person

FAIL SAFE ACCOUNTING LLC

Firm/Company

20 SOUTH ROSE AVENUE SUITE # 4

Address

KISSIMMEE, FLORIDA 34741

City/State and Zip Code

FARAH@FAILSAFETAX.COM

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

For further information concerning this matter, please call:

FARAH CRUZ

407

201-7988

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

2019 JUN 14 PM 3:19

APPROVED
AND
FILED

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

A&J MUNRAYOS DUMP TRUCK SERVICES 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 01/08/2019 and assigned
Florida document number L19000010824.

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)

1420 CELEBRATION BLVD.

SUITE 200

CELEBRATION FLORIDA 34747

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1420 CELEBRATION BLVD.

SUITE 200

CELEBRATION FLORIDA 34747

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:

FAIL SAFE ACCOUNTING LLC

New Registered Office Address:

20 SOUTH ROSE AVENUE SUITE #4

Enter Florida street address

KISSIMMEE

City

Florida 34741

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 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	PATRICIA MUNRAYOS	137 OPHELIA ST.	<input type="checkbox"/> Add
		PROVIDENCE, RI 02909	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JONATHAN MUNRAYOS	1420 CELEBRATION BLVD.	<input type="checkbox"/> Add
		SUITE 200	<input type="checkbox"/> Remove
		CELEBRATION, FLORIDA 34747	<input checked="" type="checkbox"/> Change
AMBR	AMILCAR MUNRAYOS	1420 CELEBRATION BLVD.	<input type="checkbox"/> Add
		SUITE 200	<input type="checkbox"/> Remove
		CELEBRATION, FLORIDA 34747	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<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
			<input type="checkbox"/> Change

APPROVED
AND
FILED
2019 JUN 14 PM 3:19
CLERK OF SUPERIOR COURT
JULIA A. BROWN

FILED
2019 JUN 14 PM 3:19
CLERK OF DISTRICT COURT
JULIA A. HARRIS

APPROVED
AND
FILED
2019 JUN 14 PM 3:19
FBI - MEMPHIS

(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)

Dated JUNE 10TH, 2019

Jonathan Murrayos
Signature of a member or authorized representative of a member

JONATHAN MUNRAYOS

Typed or printed name of signee