L19000021649

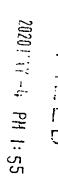
(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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Amend

MAY 20 2028 I ALBRITTON

COVER LETTER

	Registration Se Division of Cor			
	N2N HAUI			
NUBJEC	T:	Name of Lim	ited Liability Company	
The ench	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	turn all correspo	ondence concerning this matter	to the following:	
		STEPHANIE RODRIGUE		
			Name of Person	
		N2N HAULING LLC		
			Firm Company	
		2041 BAYBERRY DRIVE	E	
			Address	
		PEMBROKE PINES, FL 3	3024	
			City/State and Zip Code	
		N2NHAULING@GMAIL.G	TOM to be used for future annual report no	
For furthe	er information c	oncerning this matter, please ca		uncation)
STEPHA	NIE RODRIGU	JEZ	786 942-0091	
	Name o	f Person		me Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25.0	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 5 Division of C P.O. Box 632	Section Corporations	Street Address: Registration So Division of Co The Centre of	orporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

N2N HAULING LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	<u>ny as it now appears on our recor</u> Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000021549</u> .	were filed on $\frac{01/22/2019}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLO	C" or the abbreviation "L L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
·		
Inter new mailing address, if applicable:		P C
Mailing address MAY BE A POST OFFICE BOX)		in .
		- U
3. If amending the registered agent and/or registered office a	address on our records, <u>ente</u> r	r the name of the new regist
gent and/or the new registered office address here:		
•		
Name of New Registered Agent:		
New Registered Office Address:		
,	Enter Florida street addre	wv
·	, F	lorida
	Cîtv	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>	Address	Type of Action
MGR	WILLIAM LOMICKY	5893 NW 91ST AVE	≡ Add
		PARKLAND, FL 33067	
			□ Change
			∐Remove
 .			
			L3Remove
			\(\times \) Change
			□Remove
			Change
			LIRemove
•			□Change
			
			□ Remove
			□Change

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et/ective date is lis e: If the date ins	ther than the date of ted, the date must be spec crted in this block does date on the Departme	ific and cannot be priors not meet the appli	cable stautory filing	(option re than 90 days after fil requirements, this d	ing.) Pursuant to 605.0.
ord specifies a d filed.	elayed effective date. F	out not an effective (time, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after t
ed 4 28	,	2020			
	Signatur	en a d'aller de la	Activity atterns market in a	of a member	