# W9000029637

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SECRETARY OF STATE
TALL AHASSEE, FL

O SIMMONS APR 2 0 2022

### **COVER LETTER**

1 O: Registration Section Division of Corporations
SUBJECT: DUNPSTEK RENTAL 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:
Matthew McCornick Name of Person
Dimpster Rental Service LC
5332 Mosquero Rd
Spr:ng H:11, Ft 34L0b City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person  Area Code  Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  S50.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO

## ARTICLES OF ORGANIZATION

OF

2022 APR -6 AM 6: 31

FILED

(Name of the Limited Liability Company as it now appears on our Action) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company w	ere filed onl~e	<b>28-2019</b> and assigned	
Florida document number <u>L19000038637</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	v company here:		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation	on "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	·		
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records,	, <u>enter the name of the new registe</u>	
Name of New Registered Agent:			
New Registered Office Address:			
They registered office reduces.	Enter Florida street address		
	- Civ.	, Florida Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	CHy	<i>Σιρ</i> Code	
	An and in this appropri	m. I faith ar aireas to comply with	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office as	erformance of my dut ovided for in Chapter	ties, and I am familiar with and r 605, F.S. Or, if this document is	

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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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			□Remove
			Change
			□Remove
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lan effective date is	listed, the date must be spenserted in this block do	ecific and cannot be prior	to daily of thing of mo.	re than 90 days after fili	ng.) Pursuant to 605.020
locument's effect	ve date on the Departm	nent of State's records			
record specifies a d is filed.	delayed effective date.	, but not an effective ti	ime, at 12:01 a.m. or	i the earlier of: (b)	The 90th day after the
		.2023	<b>.</b> .		
Dated	<u>-3</u>		<del></del> -		
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