(Requ	uestor's Name)	
(Addr	ess)	
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(City/	State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nam	e)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	
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Office Use Only



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'JUL 25 2019 M. SOLOMON

CAPITAL CONNECTION, INC.
417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Angie's Dumpster Services LLC	
	-
	-
	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
<b>8</b> • i	Merger File
	Art. of Amend. File
<u> </u>	RA Resignation
الم المستمر ال	Dissolution / Withdrawal
C E L 22 LASSE HASSE	Annual Report / Reinstatement
	Cert. Copy
SISTEMATION OF THE PROPERTY OF	Photo Copy
*	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
Signature	Vehicle Search
	Driving Record
Requested by: 577	UCC 1 or 3 File
	UCC 11 Search
Name Date Time	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

July 23, 2019

CAPITAL CONNECTION, INC.

SUBJECT: ANGIE'S DUMPSTER SERVICES LLC

Ref. Number: W19000067148

We have received your document for ANGIE'S DUMPSTER SERVICES LLC and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please provide address for Registered Agent.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 319A00014960

Mel Solomon Regulatory Specialist II Supervisor 2019 JUL 24 PH 4: 33

# **COVER LETTER**

	istration Se Ision of Cor			
SUBJECT:	ANGIE'S	DUMPSTER SERVICES LLC		
CODODCT,	· · · ·	Name of Lin	nited Liability Company	
The enclosed	Articles of	Amendment and fée(s) are sub	omitted for filing.	
Picase return	all correspo	ndence concerning this matter	to the following:	
		ANGELA DAVIS		
			Name of Person	
		·	Firm/Gompany	
		532 NW MERCANTILE	PLACE	
		PORT ST LUCIE, FL 349	Address 86	
			City/State and Zip Code	
		E-nuil address: (	to be used for future annual report no	illication)
Por further in	formation co	oncerning this matter, please c	ell:	
JESSICA JO	NES		772 460-6786	
	Name of	Person	Area Code Dayin	me Telephone Number
Enclosed is a	check for th	e following amount:		-
□ \$25.00 Fi	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Pec, 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 Corporetions
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# 2015 JUL 24 AH 10: 34

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANGIES DUMPATER SERVICES	FLLC
(Name of the clinis	in Lightity Campany at least agreem un old freezile.) [A Florida Limited Lidbliny Company)
The Articles of Organization for this Limited Li Forlds document number £19000058592	lability Company were filed on 02/22/2019 and 24/8 good
This amendment is submitted to amend the following	ging:
A. It amending name, enter the new hamp o	[ the Ilmited Dability commany here:
llu new name miet bo dirdagulifieble and contoin the w Inter-clow-principal offices address, if applie Principal office address MUST BE A STREE	
Zator now motibig address, if applicable: (Halling address MAY DEA POST OFFICE	pox
B. If amouding the registered agent and registered agent and registered agent and or the new registered a	for registered office address on our records, enter the name of the new
Name of New Rogistated Agent: New Registated Office Address:	Fort St Jucie Florida 34986  Clo Clo Plorida 34986

New Rightered Agent's Standiure, if changing Resistered Agents.

I hardly accept the appointment as registered agent and agree to act in this capacity. I fighter agree to comply with the provisions of all statutes rolative 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 chapter in the registered affice address. I hereby confirm that the limited liability company has been notified in writing of this change.

Il Changing Registered Agent, Stringtyre of New Resistored Acent

Page 1 of 3

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 = A	AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action		
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			☐ Remove		
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E. Effective (If an effect Note: If documen	e date, if other than the date of filing:	5.0207 (3)(b) and as the
If the recor	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlied that the record is filed.	er of:
-	7/10 10	
Dated		
	Angela Davie 7/19/19 Signature of a member or authorized representative of a member	
	Angela Davis	
	Typed or printed name of signos	