

L19 000098274

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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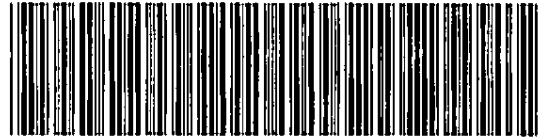
(Business Entity Name)

(Document Number)

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05/23/22--01009--006 **25.00

FILED
2022 MAY 23 AM 11:37
TALLAHASSEE, FL

cf 7/25/2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TRASH VALET OF THE PALM BEACHES 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:

JOANNE FARRAR

Name of Person

JOANNE FARRAR CPA PA

Firm/Company

12773 W FOREST HILL BLVD, SUITE 1201

Address

WELLINGTON, FL 33414

City/State and Zip Code

ADMIN@WELLINGTONCPA.NET

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

For further information concerning this matter, please call:

JOANNE FARRAR

561

790-2092

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 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 MAY 23 AM 11:37

TRASH VALET OF THE PALM BEACHES 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 04/09/2019 and assigned
Florida document number L19000098274.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

TRASH VALET OF THE TREASURE COAST LLC

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:

2889 SE NANCE STREET

(Principal office address MUST BE A STREET ADDRESS)

PORT ST. LUCIE, FL 34984

Enter new mailing address, if applicable:

2889 SE NANCE STREET

(Mailing address MAY BE A POST OFFICE BOX)

PORT ST. LUCIE, FL 34984

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:

New Registered Office Address:

2889 SE NANCE STREET

Enter Florida street address

PORT ST. LUCIE

, Florida 34984

City

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

[illegible]

(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 605.0.207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

5/10/2022
Sean Fato

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00