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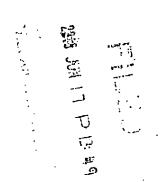
(Requestor's Name)	
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COVER LETTER

TO:	Registration Se Division of Cor		<i>*</i>				
CHRIC		Trash LLC	•				
Name of Limited Liability Company							
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please r	eturn all correspo	ndence concerning this matter	to the following:				
		Mark E. Holick					
		Smash My Trash LLC	Name of Person	 _			
		14361 Campanelli Dr.	Firm/Company				
		Delray Beach, Florida 334	Address 84				
		mark1@spiritonecc.org	City/State and Zip Code				
		E-mail address: (to be used for future annual report notifi	cation)			
For furt	her information c	oncerning this matter, please co	all.				
Mark E	. Holick		405 938.8366 at ()				
	Name o	f Person		Telephone Number			
Enclose	d is a check for th	e following amount:					
■ \$2 5	.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 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Smash My Trash LLC

(Name of the Limited Liability Company as it now appears on our records.) [1] [2] 49
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Li	ability Company we	ere filed on 05/17/2019	and assigned
Florida document number L19000134252			
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	the limited liabilit	y company here:	
The new name must be distinguishable and contain the wi	ords "Limited Liability	Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:		
(Principal office address MUST BE A STREE	T ADDRESS)	<u> </u>	
	-		
Enter new mailing address, if applicable:	-	· · · · · · · · · · · · · · · · · · ·	
(Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>		
	_		
B. If amending the registered agent and/o	or registered offic	e address on our re	cords, enter the name of the new
registered agent and/or the new registered of	iice address here:		
Name of New Registered Agent:	Mark E. Holick		
New Registered Office Address:	14361 Campane	lli Dr.	
	Enter Florida street address		oddress
	Delray Beach	<u></u>	_, Florida <u>33484</u>
		Cuţy	Zip Code
New Registered Agent's Signature, if changing R			
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis being filed to merely reflect a change in the r company has been notified in writing of this of	er and complete pe stered agent as pro egistered office aa	rformance of my duti vided for in Chapter	es, and I am familiar with and 605, F.S. Or, if this document is
	If Changir	ig Registered Agent, <u>Sign</u> ,	ature 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 Title <u>Name</u> <u>Address</u> Type of Action ☐ Add □ Remove ☐ Change □ Add ☐ Remove _□ Change _ Add _□ Remove _□ Change _□ Add ☐ Remove ☐ Change □ Add ☐ Remove _□ Change □ Add □ Remove

☐ Change

Note: Currently the registered	agent is listed as Mark E. Holici	Sr. I need to have the "Sr."	· · · · · · · · · · · · · · · · · · ·
removed. It only needs to rea	l as Mark E. Holick. Thank you		
			· - <u>• · · · · · · · · · · · · · · · · · · </u>
			
			
ective date, if other than the effective date is listed, the date must	ate of filing:	ute of filing as more than 00 days	optional)
e: If the date inserted in this blo	k does not meet the applicable	statutory filing requirement	s, this date will not be listed:
ument's effective date on the De	artment of State's records.		
record specifies a delayed he 90th day after the reco	effective date, but not ar	i effective time, at 12:	01 a.m. on the earlier
area che reco	a is meat		
June 13th	2019		
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	ignature of a member or authorized	d representative of a member	<u></u> -
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	IVIHKK E.	HOLICH	

Page 3 of 3

Filing Fee: \$25.00