# 119000204690

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### **COVER LETTER**

C & D Wa	aste of the Palm Beaches					
	Name of Lir	nited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
	John Campbell					
		Name of Person				
	C & D Waste of the Palm Beaches					
	Firm/Company					
8818 12th Ave NW						
	Address					
	Bradenton, FL 34209					
		City/State and Zip Code	<del> </del>			
	westpalmbeach@bintheredumpthat.com					
	E-mail address: (	to be used for future annual report notif	ication)			
For further information c	concerning this matter, please c	all:				
John Campbell		561 722-9624 at ( )				
Name o	f Person		Telephone Number			
Enclosed is a check for the	he following amount:					
■ \$25.00 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

TO:

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 ARTICLES OF ORGANIZATION **OF**



2014/072/19 63/8:59

C & D Waste of the Palm Beaches		10 MH 0-00
(Name of the Limited Liability Company as (A Florida Limited Liabil	it now appears on our records. ty Company)	,
The Articles of Organization for this Limited Liability Company were Florida document number <u>L19000204690</u> .	e filed on 8/15/19	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	company here:	
The new name must be distinguishable and contain the words "Limited Liability C	ompany," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
_		
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
_		
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records,	enter the name of the
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:		

#### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida \_

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	Patrick Daley	8818 12th Ave NW Bradenton, FL 34209	Add
			□ Remove
		<del></del>	Change
			Remove
		- <del></del>	☐ Change
	<u>,</u>		
		<del></del>	☐ Remove
			☐ Change
		<del></del>	
			□ Remove
			☐ Change
			Add
			□ Remove
			□ Change
			□ Add
		<del></del>	□ Remove
			☐ Change

	·
(If an o	ctive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: see 90th day after the record is filed.
Date	d Aug 23. 2019.
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member  John Campbell

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Filing Fee: \$25.00