L19000280347

(R	lequestor's Name)
(A	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(B	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:
[DONOX]	forms on
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8. PRATHER



July 16, 2024

JR TRASH HAULING LLC JAIR PEREZ 3738 D RD LOXAHATCHEE, FL 33470

SUBJECT: JR GRAPPLE SERVICE LLC

Ref. Number: W24000103234

We have received your document for JR GRAPPLE SERVICE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

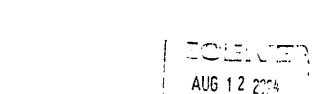
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

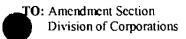
Stacy Prather Regulatory Specialist III

MARINE Symposium - or

Letter Number: 024A00015503



COVER LETTER



NAME OF CO	RPORATION: JR TRASH HAUL	ING LLC				
DOCUMENT N	1.10000280367					
The enclosed Ar	ticles of Amendment and fee are su	bmitted for filing.				
Please return all	correspondence concerning this ma	tter to the following:				
	Jair Perez					
		Name of Contact Person	n			
	JR TRASH HAULING LLC					
		Firm/ Company				
	3738 D RD		2027247 Code & Daytime Telephone Number Department of State: & S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) eet Address endment Section ision of Corporations c Centre of Tallahassee			
		Address				
	LOXAHATCHEE, FL 33470)				
		City/ State and Zip Code	or filing. c following: of Contact Person irm/ Company Address State and Zip Code ture annual report notification) at (
	jrtrashremoval@gmail.com					
_	•	sed for future annual report	notification)			
For further infor	mation concerning this matter, plea	se call:				
Jair Perez		at (⁵⁶ 1	2027247			
N	lame of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a cho	eck for the following amount made	payable to the Florida Depa	artment of State:			
\$35 Filing F	ce	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy			
	Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio The Co	lment Section on of Corporations entre of Tallahassee			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

70	toach us		10000000000000000000000000000000000000		
	TRASH HAU	UNG LLC			
(Name of the Limite	ed Liability Company as it now A Florida Limited Liability Con	npany)	·		
		11/12/2014	, n =		
The Articles of Organization for this Limited Li		Ion (1/12/2019)	and assigned		
Florida document number <u>U1900028</u>	0367		٠٠.		
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited liability comp	oany here:			
JR GRAPPI	E SERVICE	LLC			
The new name must be distinguishable and contain the w	ords "Limited Liability Compan	y," 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)				
	-				
,					
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE)	BOX)				
					
B. If amending the registered agent and/or re		n our records, <u>enter the n</u>	ame of the new registered		
agent and/or the new registered office addres	<u>s here</u> :				
	₹ .	· 10-0-0			
Name of New Registered Agent:		r Perez			
New Registered Office Address:	3738	D Road			
Enter Florida street address					
	Loxahatche	<u> </u>	334+0		
	City		Zin Coda		

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

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
			□ Add
			□ Remove
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Remove
			Change
			□Add
			Remove
			□ Change

amending any oth	her information,	, enter cha	inge(s) here:	: (Attach add	litional shee	ets, if neces.	sary.)	
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Clastica data if atl	han than tha data	. of filings				(antion	nal)	
Tective date, if oth an effective date is liste ote: If the date inse- ocument's effective of	rted in this block of	does not me	et the applica					
record specifies a de is filed.	layed effective dat	e, but not a	n effective tin	ne, at 12:01 a.	m. on the ea	rlier of: (b)	The 90th d	lay after the
ated July	29	,	2029					
		7		-			<i>(</i>).	 -
	Sign	ature of a me	ember or author	rized representa	tive of a mem	ber		
			Jain	Perez			• •	·
		7	Typed or printer		:e			—: <i>'</i> ∿

Filing Fee: \$25.00