119000287618

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COVER LETTER

Division of Corporations				
SUBJECT: ONE Next (Ste	2D Hauling L. L. C			
Na	ime of Limited Liability Company			
The color of the c				
The enclosed Articles of Amendment and fee(s) are submitted for filing.			
Please return all correspondence concerning the	nis matter to the following:			
Ficuc	AUGUSTIN Name of Person			
	Name of Person			
	Firm/Company			
<u> 2816 :</u>	SKIST COUYT Address			
Fort Laur	derdale FL 33312 City/State and Zip Code			
	Augustin 6 yahco-Com I address: (to be used for futule annual report notification)			
For further information concerning this matter	, please call:			
Flork Augustini Name of Person	at (ASU) 608-4216 Area Code Daytime Telephone Number			
Enclosed is a check for the following amount:				
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee Certificate of	<u> </u>			
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section			
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The Centre of Tallahassee

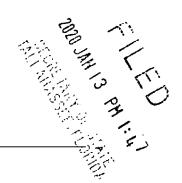
Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



One	Next Step Haulings L.L.C.
7	(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 November 19,2019 and assigned Florida document number 11000287618.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and contain the words "Limited L.	iability Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	2719 SW 6th Dr	
(Principal office address MUST BE A STREET ADDRESS)	Fort Lauderdale, Fl 33312	
Enter new mailing address, if applicable:	2816 SW 5th court	
(Mailing address MAY BE A POST OFFICE BOX)	Fort Lauderdale, FL 33312	
B. If amending the registered agent and/or registered officagent and/or the new registered office address here:	ce address on our records, enter the name of the new registered	
Name of New Registered Agent: F10N	a Augustin	
New Registered Office Address: 2816	SWI 5th COUT Enter Florida street address	
Fort La	City , Florida 33312.	

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
AMBR	Elona Augustin	2816 SW & Th COURT	🗆 Add
		Fort Lauderdale, FL 3331	2_ □Remove
			Change
AMBR	Leanz Thermidor	2816 SW 5th court	🗆 Add
		Fort Lauderdale, FL 3331	<mark>Z</mark> □Remove
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If an effect <u>Note:</u> If	e date, if other than the date of filing: (optional) ive 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 605.0207 (2) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the t's effective date on the Department of State's records.
e record s rd is filed	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
) Dated_	anuary 10 1 10 20 . 2020.
	Signature of a member or authorized representative of a member
	Flora Augustin

Filing Fee: \$25.00