L190002764

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COVER LETTER

Div	ision of Cor	porations		
SUBJECT:	1-2-3 DEBF	RIS, LLC		
MODSECT.		Name of Lim	ited Liability Company	
The enclosed	1 Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
		ndence concerning this matter		
		DEAN HARRISON		
			Name of Person	
		1-2-3 DEBRIS, LLC		
		*	Firm/Company	- · · ·
		PO BOX 772		
		· · · · · · · · · · · · · · · · · · ·	Address	****
		ST. AUGUSTINE, FLORI	DA 32085	
			City/State and Zip Code	
		ATB123DEBRIS@GMAIL	.COM	
		E-mail address: ()	to be used for future annual report notif	fication)
For further in	nformation co	oncerning this matter, please ca	oll:	
DEAN HAR	RISON OR	MICHELE GEIGER	904 994-9658 at ()	
-	Name of	Person		e Telephone Number
Enclosed is a	s check for th	e following amount:		
■ \$25.00 F	iling Fee	S30.00 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)

TO:

Registration Section

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

1-2-3 DEBRIS, ELC		<u></u>
(Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number L19000292764	ompany were filed on 11/27/2019	and assigned
	<u>-</u> :	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRI	ESS)	
Trincipus office duaress most bl. A STREET ADDRE		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter th	e name of the new regis
gent and or the new gaggiered office again to here.		
Name of New Registered Agent:		<u>.</u>
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	, Flori	ida
	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 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	MATTHEW ROBERTS	6472 CAPRI ISLE	□Add
		ST AUGUSTINE, FL 32095	Remove
			□ Change
			□Change
			□Add
			□Remove
			□Change
	-		□Add
			□Remove
			□Remove
			□Change
			□Add
			□Remove
			☐ Change

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ective date, if other than a effective date is listed, the date e: If the date inserted in this ument's effective date on the	must be specific and canno s block does not meet the	ne applicable statu			
cord specifies a delayed effects filed.	ctive date, but not an eff	fective time, at 12	:01 a.m. on the earl	ier of: (b) The 90th day	y after the
APRIL 25	202	22			
	7 	·			
\mathcal{X}	/ . /				

Typed or printed name of signee