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(Requestor's Name)
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Delta Hauling and Junk Removal 11C Name of Limited Liability Company	,
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Devestor, David	
Delta Hauling and Junk Removal 11C	,
9010 MOUNTAIN MOGNOTICA DY	
City/State and Zip Code	
For further information concerning this matter, please call:	
Devester Davio at (\$13) 850 · 129 4  Name of Person Area Code Daytime Telephone Number	., . • •.
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \text{S30.00 Filing Fee & Certificate of Status}\$\$\Bigcup \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)}\$\$\$\Bigcup \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)}\$\$\$\$\$\$	<del>-</del> ·
Mailing Address:  District Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

Delta Halling and Junk Removal 11C

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

Name of New Registered Agent:  New Registered Office Address:  New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and c accept the obligations of my position as registered a being filed to merely reflect a change in the registere company has been notified in writing of this change.	City  ed Agent:  and agree to act in thi  complete performance i  igent as provided for in  ed office address, I her	s capacity. I further ag of my duties, and I am , Chapter 605, F.S. Or,	familiar with and if this document	•
New Registered Office Address:	City		Zip Code	
New Registered Office Address:	City		Zip Code	
•	Enter F			
•	Enter F	lorida street address		
•				- 444 ,4 4
Name of Nam Danistared Accept				
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our	records, enter the nam	ne of the new regi	stered
				<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)				
Enter new mailing address, if applicable:				
(Principal office address MUST BE A STREET ADDI	<u></u>			<u>.                                    </u>
Enter new principal offices address, if applicable:				_
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the	designation "LLC" or the ab	obreviation "L.L.C."	
A. If amending name, enter the new name of the lim	nited liability company	<u>here</u> :		ليواه المحسوب حماس ال
-				
This amendment is submitted to amend the following:	<u>10</u>			
-	100	11101000	and assigned	

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	Name	Address	Type of Action · · ·
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record sp is filed.	ecifies a delayed effective date	e, but not an effective time,	at 12:01 a.m. on the earl	ier of: (b) The 90th day	after the
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Filing Fee: \$25.00