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SUBSTIANT OF STATE

MAR 3 1 2020 M. SOLOMON

COVER LETTER

TO: Registration S Division of Co			
	impster Rentals LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Susanna M Duke		
	.	Name of Person	
	The Johnson Agency		
		Firm/Company	
	1265 US Hwy 331 S		
		Address	
	DeFuniak Springs, FL 32-	435	
		City/State and Zip Code	
	susie@johnsonagencynwf.c E-mail address: (com to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
Susanna M Duke		850 892-2752 at ()	
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	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
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

Florida Dumpster Rentals LLC		
(Name of the Limited Liability Con (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	······································
The Articles of Organization for this Limited Liability Compa	ny were filed on 02/19/2020	and assigned
Florida document number L20000056094		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
Freedom Dumpster Rentals, LLC		
The new name must be distinguishable and contain the words "Limited Lie	ability Company." the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		2020 A.C.
Enter new mailing address, if applicable:		2020 HAR
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registered offic		F S
B. If amending the registered agent and/or registered offic	e address on our records, enter the na	me of the new Egistere
agent and/or the new registered office address here:		£ .
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Florida	
	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 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>	Name	Address	Type of Action
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			□Remove
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fective date, if other than th		(optional)		
in effective date is listed, the date m gte: If the date inserted in this	ust be specific and cannot be prior to date block does not meet the applicable st	of filing or more than 90 days after filing.) atutory filing requirements, this date w	Pursuant to 605 vill not be list	5.0207 (3) ted as the
ocument's effective date on the	Department of State's records.	, 9 1		
ecord specifies a delayed effect is filed.	ive date, but not an effective time, at	12:01 a.m. on the earlier of: (b) The	90th day afte	er the
Moush 17	2020			
ted March 17				
	Donak 2911			
		epresentative of a member		

Filing Fee: \$25.00

Typed or printed name of signce