120000085866

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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09/26/22--01021--001 **25.00

22 SEB OF THE OWNER.



IMPORTANT NOTICE

PLEASE SEND ALL DOCUMENTS – APPROVED OR REJECTED TO THE ADDRESS BELOW.

INC AUTHORITY ATTN: CORPORATE MAINTENANCE LEAD

1450 VASSAR ST RENO, NV 89502

OR

RETURNDOCS@INCAUTHORITY.COM

TO: PHYSICAL: Dept. of State

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

MAILING: Dept. of State

Division of Corporations

Corporate Filings P.O. Box 6327

Tallahassee, FL 32314

FROM: National Corporate Headquarters. Inc.

1450 Vassar St Reno NV 89502 (800) 638-2320 (775) 329-0852

DATE: Monday, September 19, 2022

SENT VIA USPS

To Whom It May Concern:

Attached, please find the following document(s):

Articles of Amendment
 For <u>AMERICAN DUMPSTER</u>, <u>LLC</u>

We have included payment in the amount of \$25.00 for the following fees:

• Filing Fee

We have included one original and one copy.

If there are any questions, please call 800-638-2320

Please return the file stamped copy of Amendment to Articles of Organization to the address below:

Processing Department 1450 Vassar St Reno NV 89502 22 SEP 26 PM 3: 30

COVER LETTER

TO: Registration Se Division of Co				
SUBJECT: AMERIC	CAN DUMPSTER, LLC Name of Lim	ited Liability Company		
	Amendment and fee(s) are sub- ondence concerning this matter	·		
	Corpora	ate Maintenance Le	ead	
	_	_		
	Proc	essing Department		22
		Firm/Company		22 SEP 26
	1	450 Vassar St		26
	- "	Address		PX :
		Reno, NV 89502		<u>.</u> မှ
		City/State and Zip Code		30
	E-mail address: (to be used for future annual report not	ification)	
	concerning this matter, please co			
	sing Department	at (800 638-2320	ne Telephone Number	
Nulle	ar reason	Alea Code Dayan	ic receptons (varioe)	
Enclosed is a check for t	he following amount:			
☑ \$25.00 Filing Fœ	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
MAIL	ING ADDRESS:	STREET/COUR	IER ADDRESS:	

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

Registration Section
Division of Corporations
Clifton Building
266! Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	N DUMPSTER, LLC	
(Name of the Limited Liability (A Florida L	Company as it now appears on our rainited Liability Company)	mord")
The Articles of Organization for this Limited Liability Con Florida document number <u>L20000085866</u>	mpany were filed on <u>03/19/202</u>	20 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation	"LLC" or the abbreviation "LL.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	(22)	
		N -:
		SE SE
Enter new mailing address, if applicable:		70 ZH N G1
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		~
B. If amending the registered agent and/or registered agent and/or the new registered office address		cords, enter the name⊃of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddress
		. Florida
	City	

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
MGR	Tanner Clark	2429 Gannon Circle	
		Panama City, FL 32405	☑ Remove
			☐ Change
MGR	Natalie Clark	2429 Gannon Circle	
		Panama City, FL 32405	□ Remove
			☐ Change
			□ Add
			Remove
			Change
			22 Remove Al Change PA 3: 30
			30 agricultural de la composição de la
			Change
			DAdd
		<u> </u>	☐ Remove
			☐ Change
	<u></u>		Add
			□ Remove
			☐ Change

). 11 ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	_	
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Note:	ive date, if other than the date of filing: N/A (optional) ective 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 60 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listent's effective date on the Department of State's records.	05.0201 sted as	7 (3)(b) the
f the red (b) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the early 90th day after the record is filed.	lier o	f:
Dated	9/15 2022		
	9115 , 2022 . Signature of a nember or authorized representative of a member		
	Natalie Clark		
	Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00

COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE	ct: AMERIC	AN DUMPSTER, LLC		
0020	.c., <u></u>		ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Corpor	ate Maintenance Le	ad
			Name of Person	
		Proc	essing Department	
			Firm/Company	
		1	1450 Vassar St	
			Address	
			Reno, NV 89502	
			City/State and Zip Code	
			to be used for future annual report notif	heation)
For fur	ther information co	oncerning this matter, please co	all:	
	Process	ing Department	at (800) 638-2320	
	Name o			e Telephone Number
Enclose	ed is a check for th	e following amount:		
☑ \$2 :	5.00 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)
	Registr Divisio P.O. Be	ING ADDRESS: ration Section on of Corporations ox 6327 ussee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce	n rations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it (A Florida Limited Liability)	
The Articles of Organization for this Limited Liability Company were fill Florida document number L20000085866	led on 03/19/2020 and assigned
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability con	mpany here:
The new name must be distinguishable and contain the words "Limited Liability Comp	pany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office ad registered agent and/or the new registered office address here:	idress on our records, enter the name of the o
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
Cir.	y 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.

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<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Tanner Clark	2429 Gannon Circle	
		Panama City, FL 32405	☐ Remove
			☐ Change
MGR	Natalie Clark	2429 Gannon Circle	☑ Add
		Panama City, FL 32405	Remove
			Add
			Remove
			□ Remove
			Change
			□ Add
			□ Remove
			☐ Change
	·		🗅 Add
			Remove
			☐ Change

). If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
Note: If	e date, if other than the date of filing: N/A (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 (3 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.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 0th day after the record is filed.
Dated _	9/15 , 2022
	Signature of a member or authorized representative of a member
	Natalie Clark
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00