## 120000/05290

(Requesto	r's Name)
(Address)	
(Address)	
(City/State	/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documen	t Number)
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FO: Registration Se Division of Cor			
	OLL DUMPSTER SERVICES	S L.I.	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	ANGEL J ORTIZ DE JES	US	
		Name of Person	
	LOAN & GOLL	Firm/Company	es ilc
	242 HIDDEN SPRINGS C	TIR	
		Address	<del></del>
	KISSIMMEE FL 34743		
		City/State and Zip Code	<del></del>
	I.RTEAMTAXES@GMAI	L.COM to be used for future annual report not	tiestion)
For further information c	oncerning this matter, please c		incultur,
LILIANA ROA		407 9657583 at ()	
Name o	f Person	Area Code Daytin	re Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy radditional copy is enclosed)
<u>Mailing Addres</u> Registration :	<del></del>	<u>Street Address:</u> Registration Se	ection
Division of C		Division of Co	rporations
P.O. Box 632		The Centre of	Fallahassee be Street, Suite 810
Tallahassee.	にに コムスキサ	≟#10 IN. WICHIC	A SUCCE SUITE BIV

Tallahassee, FL 32303

TO:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LOAN & ROLL DUMPSTER SERVICES LLC (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 APRIL 16, 2020 and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: LOAD & ROLL DUMPSTER SERVICES LLC The new name must be distinguishable and contain the words "Limited Liability 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent:

## New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

\_, Florida \_

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
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fective date, if other than the da in effective date is listed, the date must be ote: If the date inserted in this block ocument's effective date on the Depa	specific and cannot be prior to date of t does not meet the applicable statut	(option than 90 days after for tory filing requirements, this is	iling.) Pursuant to 605	5.0207 ted as
record specifies a delayed effective d is filed.	ate, but not an effective time, at 12:	:01 a.m. on the earlier of: (b)	The 90th day afte	er the
APRIL 21	2020			
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Filing Fee: \$25.00