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	(Red	questor's Name)	
	(Add	iress)	
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	(City	//State/Zip/Phone	e #)
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COVER LETTER

TO:	Registration Sect Division of Corpo				
Su bje	ест:	namic Duo Haz Name of Lim	Uillg LLC.		
The end	closed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Plcasc	return all correspond	dence concerning this matter	to the following:		
		New New	ha S. GREEN Name of Person		
		Dynan	NIC DUO HAULING, A	LO	
		342 (1	entury Blvd.		
		Aww	1) dale FL 3363.3 City/State and Zip Code		50 - E-52
		E-mail address: (ican Da a mail cum to be used for future annual report notifi	cation)	
For fun	ther information cor) ncerning this matter, please of	·	,	
	Neysha S.	GREEN	at (904) USE Area Code Daytime	5. 5447 Telephone Number	WHILE P2
	ed is a check for the	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)	
	Mailing Address: Registration Se	ection	Street Address: Registration Sect	ion _.	

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

Dynamic Dno	Hauling, LLC.		1 3.00 3 5-0
(Name of the Limited Liability (A Florida L.	Company as it now appears on ou imited Liability Company)	r records.)	F 9
The Articles of Organization for this Limited Liability Con Florida document number <u>レルのの144 いんろ</u>	mpany were filed on MAY	29, 2020 and as	signed
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	d Liability Company," the designati	ion "LLC" or the abbreviation "I	L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	(223)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our record	s, <u>enter the name of the ne</u>	w registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida str	eet 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 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	Neysha Girten	312 Century Blvd.	UAdd
	J	312 Century Blvd. Auburndalt, Fl 33823	□Remove
		 	Change
			□Add
			□Remove
		 	□Change
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			□Remove
			□Change
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			□Remove
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			□ Remove
			□Change

. If amending	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
Note: If the	ate, if other than the date of filing:
f the record specerord is filed.	exifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	JUNE 10 , 2020 . Alex McHandon Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member Alex Management Color Color Typed or printed name of signee

Filing Fee: \$25.00