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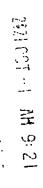
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| PICK-UP                 | WAIT              | MAIL      |
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| Certified Copies        | _ Certificates    | of Status |
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| Special Instructions to | Filing Officer:   |           |
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Office Use Only



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10/01/21--01014--025 ++25.00



Richard

## **COVER LETTER**

Tallahassee, FL 32314

| TO:            | Registration Se<br>Division of Cor                        | ection<br>porations                                |   |   |
|----------------|---|--|---|---|
| eup iez        |   | ily Trucking LLC                                   |   |   |
| SUBJEC         | -t;   | Name of Lim  | ited Liability Company  | · · · · · · · · · · · · · · · · · · ·   |
| The encl       | osed Articles of  | Amendment and fee(s) are sub                       | mitted for filing.  |   |
| Please re      | eturn all correspo  | ondence concerning this matter                     | to the following:   |   |
|                |   | James Green  |   |   |
|                |   |  | Name of Person  |   |
|                |   |  | Firm/Company  |   |
|                |   | 1470 Thornton Ave                                  |   |   |
|                |   |  | Address   |   |
|                |   | Titusville, Fl 32780                               |   |   |
|                |   | jamesagreen1995@gmail.co                           |   |   |
| For furth      | er information c  | E-mail address: ( oncerning this matter, please of | to be used for future annual report not<br>all:                     | ification)  |
| James G        | reen  |  | 321 7957508<br>at ( )   |   |
|                | Name o  | f Person   |   | ne Telephone Number   |
| Enclosed       | l is a check for th                                       | ne following amount:                               |   |   |
| <b>1</b> \$25. | 00 Filing Fee   | □ \$30.00 Filing Fee &<br>Certificate of Status    | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|                | Mailing Address Registration S Division of C P.O. Box 632 | Section<br>Corporations                            | Street Address: Registration See Division of Coo                    | rporations  |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liah<br>(A Flor  | pility Company as it now appears on our records.)<br>rida Limited Liability Company) |                         |
|---|--|-------------------------|
| The Articles of Organization for this Limited Liability Florida document number L20000181204            | / Company were filed on 6/23/2020  | and assigned            |
| This amendment is submitted to amend the following:   | :  |                         |
| A. If amending name, enter the new name of the li   | mited liability company here:  |                         |
| Trash Panda LLC   |  |                         |
| The new name must be distinguishable and contain the words "L   | imited Liability Company," the designation "LLC" or th                               | e abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:   |  |                         |
| (Principal office address MUST BE A STREET ADI  | DRESS)   |                         |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                    |  |                         |
| B. If amending the registered agent and/or register agent and/or the new registered office address here |  | ame of the new registe  |
| Name of New Registered Agent:   |  | <u> </u>                |
| New Registered Office Address:  | Enter Florida street address   | Zip Code N              |
|   | , Florida  | Zip Code                |
| New Registered Agent's Signature, if changing Registe   |  | 21                      |

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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## Page 2 of 3

| i amending any other informati           | on, enter change(s) here: (Attach addition           | at sneets, if necessary.)                     |
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| ffective date, if other than the d       | ate of filing:                                       | (optional)                                    |
| (ote: If the date inserted in this block | ck does not meet the applicable statutory filing t   | requirements, this date will not be listed as |
| ocument's effective date on the Dep      | partment of State's records.                         |   |
|  |  |   |
|  | effective date, but not an effective tin             | ne, at 12:01 a.m. on the earlier of           |
| The 90th day after the reco              | a is filed.  |   |
| September 28                             | 2021   |   |
| Pated                                    | · · · · · · · · · · · · · · · · · · ·                |   |
|  |  |   |
|  | ignature of a member or authorized representative of | a member                                      |
|  | _  |   |
| James Green                              |  |   |
|  | Typed or printed name of signee                      |   |

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Filing Fee: \$25.00