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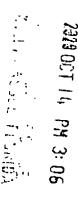
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US/20/20

COVER LETTER

TO: Registration Se Division of Cor	ection -porations				
LGA DUN	IP SERVICES LLC				
SUBJECT:	Name of Limit	ed Liability Company			
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.			
Please return all corresp	ondence concerning this matter to	o the following:			
	Gaudy A Vargas Fernandez				
		Name of Person			
	LGA DUMP SERVICES L	LC	gynd	~	
		Firm/Company	<u> </u>	1325 (
	91 RED MILL DR		 3 ₂ ,)CT	***
		Address		_ <u>_</u>	
	PALM COAST, FL 32164		7		
74		City/State and Zip Code	7 87.47	- 06	
	ale_f@hotmail.com_ fi-mail.uderess: ()	to be used for future annual report neu-	nication)	_	
For further information	concerning this matter, please ca				
ALL4CARRIER@GM		386 301-8839			
Name	of Person	Area Code Daytin	ne Telephone Num	ber	—
Enclosed is a check for	the following amount:				
S25.(H) Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certif	ficate of fi <mark>ed</mark> Cop	i Status &
P.O. Box 6	n Section Corporations	Street Address: Registration Se Division of Co The Centre of 2415 N. Monr Tallahassee, F	orporations Tallahassee oe Street, Suit	te 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LGA DUMP SERVICES LLC	
(Name of the Limited Liability Compat (A Florida Limited L	is as it now appears on our records.) lability Company)
The Articles of Organization for this Limited Liability Company Torida document number L20000280006	were filed on 09/03/2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "L.L.C." 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:	P
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new regis
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 ag provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	e performance of my auties, and I am jumitial with the provided for in Chapter 605, F.S. Or, if this document
If Ch.	anging 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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
AMBR	Gaudy A Vargas Fernandez	91 RED MILL DR PALM COAST FL 32164	■Add
			□ Remove
	•		Change
			□Add
			□Remove
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ective date, if other than the date of filing:	mot be prior to date of filit	ne or more than 90 days	optional) after tiling.) Pursuant to 605.020
te: If the date inserted in this block does not meet ument's effective date on the Department of State	the applicable statutor	y filing requirements	, this date	will not be listed :
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cord specifies a delayed effective date, but not an	effective time, at 12:01	a.m. on the earlier of	ot: (b) Th	e 90th day after th
s tiled.	ı			
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Signiture of a men	aber or authorized represe	ntative of a member		
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