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COVER LETTER

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TO: Registration S Division of Co						
	UMPING AND REMODELIN	G SERVICES LLC				
SUBJECT:	Name of Lin	nited Liability Company				
The analysid Articles o	f Amendment and fee(s) are sub	society of the Glina				
riease return all corresp	ondence concerning this matter	to the following:				
		Name of Person		-		
	FLASH DUMPING AND	REMODELING SERVICES LLC				
	·	Firm/Company				
	501 S SAINT CLOUD AV	VE		7. 1.3. 1.3.	202	
		Address		- E	13.1	
	VALRICO, FL 33594				2021 FEB 19 PM	
		City/State and Zip Code		.SHS.	Жq	
		SERVICES@GMAIL.COM		$\mathcal{L}_{\mathcal{L}}^{\mathcal{L}}$	ယှ	i
	E-mail address: (to be used for future annual report notif	ication)	- A	2	
For further information	concerning this matter, please c	all:				
ALONSO, JESUS C		813 8024341 at ()				
Name	of Person		: Telephone Numbe	r		
Enclosed is a check for	the following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Stat	us &	
Mailing Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassec e Street, Suite 8	310		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLASH DUMPING AND REMODELING 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 10/14/2020	and assigned
Florida document number 1.20000325870	<u> </u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
FLASH DUMP AND DEBRIS REMOVAL LLC		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the abbr	eviation [L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	28
	.A.C.	21 F
		11 (2)
Enter new mailing address, if applicable:		19
(Mailing address MAY BE A POST OFFICE BOX)		2 [7]
1	71	<u>ښ</u>
	T.	21
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	1
	City	Zip Code
New Registered Agent's Signature, if changing Registere	ed Agent:	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and a accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change	complete performance of my duties, and I am favigent as provided for in Chapter 605, F.S. Or, if red office address, I hereby confirm that the limi	niliar with and this document is
ı	If Changing Registered Agent, Signature of New Regis	tered Agent

 MGR = N AMBR = A	Ianager Authorized Member		
Title	<u>Name</u>	Address	Type of Action
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Effective date, if other than the date of filing:	(optional)	
franctive date. If other than the date of filing. If an effective date is listed, the date must be specific and cannot be prior to date of filing or move. Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	ore than 90 days after filing.) Pursuant to 605	5.0207 (ted as t
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. of d is filed.	on the earlier of: (b) The 90th day afte	er the
Dated FEBRUARY 08 2021		
Signature of a member or authorized representative	of a member	

Filing Fee: \$25.00