## 120000351376

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## **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT:	st Dumpsters of St. Lucie LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	-	-	
		Name of Person	
	. •		
		Firm/Company	<del></del>
	4750 South U. S Highway	One	
		Address	
-	Fort Pierce, Florida 34982		
	<del></del>	City/State and Zip Code	
	F-mail address: (	to be used for future annual report notif	ication)
For further information	n concerning this matter, please c	-	reality.
Joseph DePalma		772 940-9563	
Nam	e of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	r the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**Street Address:** 

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

East Coast Dumpsters of St. Lucie LL		
( <u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
he Articles of Organization for this Limited Liab		and assigned
lorida document number L20000351376	<del></del>	
his amendment is submitted to amend the follow	ving:	
If amending name, enter the new name of t	he limited liability company here:	
he new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Cnter new principal offices address, if applicat	ble:	
Principal office address MUST BE A STREET	ADDRESS)	
		-
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE B	<u></u>	
	gistered office address on our records, <u>enter the n</u>	ame of the new regist
gent and/or the new registered office address	here:	
		•
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	<del>.</del>
	, Florida	
	City	Zin: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>	<u>Address</u>	Type of Action
MGR	Joseph A. DePalma	1510 Pulitzer Road	
		Fort Pierce, Florida 34945	■Remove
			□ Change
			□ Add
			□Remove
			☐ Change
·			□Add
			Remove
			□Change
			□Remove
			Change
			□Add
			□Remove
			Change
	<del></del>		
			□Remove
			□Change

fan effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 ( Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d is filed.				
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