# 20000363988

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# **CORPORATE** ACCESS, \_\_\_\_

## When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

### **WALK IN**

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#### **COVER LETTER**

то:	Registration S Division of Co			
enn e		SPAN GARBAGE CANS, LL	С	
SUBJE	CI:	Name of Lin	nited Liability Company	
The end	losed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all corresp	ondence concerning this matter	to the following:	
		Samuel L. LePrell		
			Name of Person	
		Samuel L. LePrell, Attorn	ey & Counselor at Law	
			Firm/Company	
		1930 San Marco Blvd., Su		
			Address	<del></del>
		Jacksonville, Florida 3220	77	
		1 110:1	City/State and Zip Code	<del></del>
		samleprell@icloud.com	to be used for future annual report notif	ication)
For furti	her information o	concerning this matter, please of		realion)
Sam Le	Prell		904 993-7350 at ( )	
	Name o	of Person		Telephone Number
Enclose	d is a check for t	he following amount:		
□ <b>\$</b> 25	.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 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

SPICK & SPAN GARBAGE CANS, LLC			
( <u>Name of the Limited Liability Comps</u> (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000363988</u> .	were filed on 11/17/2020	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
United States Bin Service, LLC			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the ab	obreviation "L.L.C."	•
Enter new principal offices address, if applicable:	2997 SUNSET LANDING DRIVE		
(Principal office address MUST BE A STREET ADDRESS)	JACKSONVILLE, FLORIDA 32256	2023	-
		् = =	ĩ,
Enter new mailing address, if applicable:		<b>2</b> 16	
is amendment is submitted to amend the following:  If amending name, enter the new name of the limited liability company here:  inted States Bin Service, LLC  enew name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"  ter new principal offices address, if applicable:  incipal office address MUST BE A STREET ADDRESS)  ACKSONVILLE, FLORIDA 32256  inter new mailing address, if applicable:  address MAY BE A POST OFFICE BOX  If amending the registered agent and/or registered office address on our records, enter the name of the new registered	<u>  1  </u>		
			·
			•
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 nam	e of the new registe	<u>red</u>
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		

#### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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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Filing Fee: \$25.00