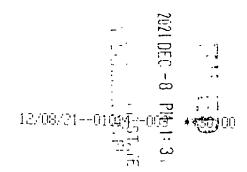
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(Address)
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(Document Number)
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A. BUTLER DEC - 8 2021

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: You Ti	rash Valet LLC Name of Limit	ed Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspon	ndence concerning this matter to	o the following:	
	Dorahan Aldari	Name of Person	
		Firm/Company	
	910 Maple Ave	Address	
		FL 32401 City/State and Zip Code	
	doruhantarne 5 197 E-mail address: (to	Tegmentl.com be used for future annual report noti	fication)
For further information co	ncerning this matter, please cal	l:	
Name of	Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	e following amount:		
□ \$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 37-11-Lange El 20214

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Your Trash Valet	LLC
(<u>Name of the Limited Liability Com</u> (A Florida Limited	LLC pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compan	ny were filed on 11/18/2020 and assigned
Florida document number <u>L2000365412</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
Barnes Welding + Maintenance LLC The new name must be distinguishable and contain the words "Limited Lia	
The new name must be distinguishable and contain the words "Limited Lia	bility Company." the designation "LLC" 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:	
(Mailing address MAY BE A POST OFFICE BOX)	
D. If amounting the assistance agent and/on resistance of the	and drope are now recorder on the name of the new registered
agent and/or the new registered office address here:	e address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
rem registered office rigaless.	Enter Florida street address
	Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agen	ıt:

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>	<u>Name</u>	Address	Type of Action
	 		□Add
			Remove
			☐Change
			□Remove
			□Change
	 		□Add
			□Remove
			Change
			
			□Remove
			□Change
			□Add
			Remove
			Change
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	ecifies a delayed	effective da	te, but not a	m effective	e time, at 1	2:01 a.m. or	the earlier	of: (b)	The 90th day	after the
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