120000368191

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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Tunk Pirato Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Karen	Name of Person	
	Junk Pi	rates LLC Firm/Company	
	•	AUC : Address	
	St. Pete.	Beach F 2 City/State and Zip Code	3706
	Sunkpirat E-mail address:	to be used for future annual report not	ification)
For further information co	oncerning this matter, please ca		
Karen T	Tun Person	at (<u>427</u>) <u>241-</u> Area Code Daytin	152) ne Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy fadditional 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

ARTICLES OF ORGANIZATION TO SECOND

	OF	1356	
	C	19 8.	· 6.
Name of the Limited Liability (A Florida Lu	Company as it now app	ears on our records 17 6 77	04
		10,1	•
The Articles of Organization for this Limited Liability Con	ipany were filed on _	11/20/2020	and assigned
Florida document number 120000368191 .		/ /	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company	<u>here</u> :	
Pirates Junk Removal	UC		
The new name must be distinguishable and contain the words "Limited	Hability Company," the	e designation "LLC" or the abbi	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u> </u>		
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of	ffice address on our	records, enter the name	of the new registered
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter F	lorida street address	
		, Florida	Zip Code
	City		Asp 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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
			□Add
		-	□ Remove
			☐ Change
	<u> </u>		
			Remove
			□ Change
			□Add
			□ Remove
			□Change
***************************************			□Add
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<u>ite:</u> If the date in	other than the date isted, the date must be spe iscreed in this block do we date on the Departm	es not meet the appli	cable statutory filii	(opti nore than 90 days after ng requirements, thi	onal) r filing.) Pursuant to 605, s date will not be liste	.0207 ed as
	ies a delayed effe after the record is		ot an effective	time, at 12:01 a	a.m. on the earlie	er of
ned <u>Febr</u>	uary 27 Lan	en Huure of a member or aut	horized representativ	e of a member		
	1/0,0	en Thur				

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Filing Fee: \$25.00