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(Requestor's Name)				
(Address)				
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(Address)				
(City/State/Zip/Phone #	<del>!</del> )			
PICK-UP WAIT	MAIL			
(Business Entity Name	)			
(Document Number)	(Document Number)			
Certified Copies Certificates o	f Status			
Special Instructions to Filing Officer:				





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### **COVER LETTER** -

Division of Corp	oerations		•
SUBJECT: Eleph	Name of Limi	INQ E JUNK RE	MOVALLLC
	Amendment and fee(s) are sub		
Please return all correspor	ndence concerning this matter	to the following:	
	Joseph	D'DONNEL Name of Person	<u>-ل</u>
	<b>Elephants</b>	HAVING & UNK R	emvalue
	463 Inc	gres Dr.	
	<u>Nokomi</u>	FL 3427 City/State and Zip Code	
	Elephants E-mail address: (1	Having (4) Cm	IAII.COM TOPE TO THE TENTE TO T
For further information co	oncerning this matter, please ca	nill:	126 126 I
Jessica G Name of	Person	at ( <u>323</u> ) <u>819</u> Area Code Daytim	SECRETAL NHASSEE, FLE Telephone Number  THE 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)

TO:

Registration Section

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

Elephants Hauling Juk Removal LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

	City	Zip Code
		Florida
	Enter Florida street	address
New Registered Office Address:		· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent:		开蓝 9
agent and/or the new registered office address here:		PA F. 2 PA F. 2 PA F. 2
B. If amending the registered agent and/or registered office	address on our records,	enter the name of the new registered
		- 10 E
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
Enter new mailing address, if applicable:		
		1.0.40°.
(Principal office address MUST BE A STREET ADDRESS)		
Enter new principal offices address, if applicable:		<del>-</del>
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
A. If amending name, enter the new name of the limited liab	ility company here:	
This amendment is submitted to amend the following:		
Florida document number <u>L 2 0000.385.12</u> 7		
The Articles of Organization for this Limited Liability Company	were filed on $12/D^{C}$	1 2020 and assigned

#### 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member Address Type of Action **Title** Name Jessica Glockson 463 Ingres Dr. Add Nokomis FL 34275 Remove Change MGR Alastair D'onneil 9547 90th Ave sadd Seminole, FL 33777 Remove ☐ Change □Remove □Remove Remove

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Note: If the date ins	sted, the date must be specific serted in this block does n e date on the Department	ot meet the applical	odate of filing or more th ble statutory filing req	an 90 days after filing.) uirements, this date v	Pursuant to 605.0207 ( will not be listed as t
record specifies a c	lelayed effective date, but	not an effective tim	e, at 12:01 a.m. on th	e earlier of: (b) The	90th day after the
<b>C</b> -		1 2-0.1			
Dated Septe	mber 19+	h. 2024	<u>.</u> ·		
	197	<del></del>	_		
	/ Signature o	of a member or author	ized representative of a	member	
	1000	m 711	mn211		
		211 U	Donnell name of signee	<u> </u>	