

L21 000000/291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

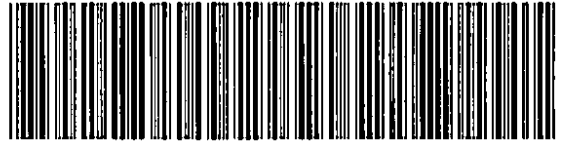
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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02/18/21--01016--023 **25.00

02/18/21 10:10:10

4/6/21 18

To whom it may concern:

I, Mathew Stir, would like to change and add myself as a manager and add Ryan Saxon as another manager for 5 brothers hauling and dumpster rental llc. We are a manager managed and owned company. Document number: L21000001291. EIN number: 86-1246739.

Any questions please let me know, I'm available any time on my cell phone: 727-409-7847

Email: matthewstir@gmail.com

Address: 1209 Russell Drive N

St. Petersburg, FL 33710

Thank you for the help.

Print name: Mathew Stir

Sign: 

Date: 2/10/2021

check # 152

To whom it may concern:

I, Mathew Stir, accept the appointment as Manager and acknowledge being the manager and co-owner of 5 Brothers Hauling and dumpster rental llc. I accept the obligation of this position and would like to be added or amended in the articles of organization.

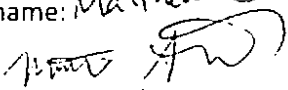
Address: 1209 Russell Drive N

St. Petersburg, FL 33710

Any questions, feel free to give me a call at 727-409-7847.

Thank you for the help.

Print name: Mathew Stir

Sign: 

Date: 2/10/2021

To whom it may concern:

I, Ryan Saxon, accept the appointment as Manager and acknowledge being the manager and co-owner of 5 Brothers Hauling and dumpster rental llc. I accept the obligation of this position and would like to be added or amended in the articles of organization.

Address: 1209 Russell Drive N

St. Petersburg, FL 33710

Any questions, feel free to give me a call at 727-320-4881.

Thank you for the help.

Print name: RYAN SAXON

Sign: 

Date: 2/11/21

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 5 brothers hauling and dumpster rental llc

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

matthew stir

Name of Person

5 brothers hauling and dumpster rental llc

Firm/Company

1209 russell dr n

Address

st. petersburg, florida 33710

City/State and Zip Code

matthewstir@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

matthew stir

727 409-7847
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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
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**

5 BROTHERS HAULING AND DUMPSTER RENTAL LLC

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

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on December 21, 2020 and assigned
Florida document number L21000001291.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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)

B. If amending the registered agent and/or registered office 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 Florida street address

City

Florida

Zip 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, 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>	<u>Type of Action</u>
MGR	MATTHEW STIR	1209 RUSSELL DR N. ST. PETE, FL 33710	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RYAN SAXON	1209 RUSSELL DR N. ST. PETE, FL 33710	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

WOULD LIKE TO ADD EIN NUMBER : 86-1246739

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If 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 record is filed.

Dated FEBRUARY 10TH 2021

Mark

Signature of a member or authorized representative of a member

MATTHEW STIR

Typed or printed name of signee

Filing Fee: \$25.00