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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)
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Certified Copies	_ Certificates o	f Status
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations			
SUBJECT:	ne Saved T	Sumpster Related Liability Company	ntal LLC	
	Amendment and fee(s) are sub			
Please return all correspo	ondence concerning this matter	to the following:		
	_Elizabe	H Book Name of Person		
	Time Save	d Dunster -	Rentallic	
	1954 Apor	Cha Deive		
	Middle bu	2008 Ge/State and Zip Code	<u></u>	
	Time Saved D. E-mail address:	unster Pentall	IC @ gnail. com	۱ م.
For further information c	oncerning this matter, please c	all:	20	Ø
EUTAL Name o	peth Boone	at (<u>904)</u> <u>651</u> Area Code Daytin	7839 XX XX Telephone Number 75	
Enclosed is a check for the	ne following amount:		. ס	ED
☐ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate Copy (additional copy is enclosed)	
Mailing Addres Registration 9	Section	<u>Street Address:</u> Registration Se		
Division of C P.O. Box 632	•	Division of Cor The Centre of T		
1.0.100.004	• •	THE COME OF		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabili (A Florida	ty Company as it now appea Limited Liability Company)	ars on our records.)		
The Articles of Organization for this Limited Liability C Florida document number <u>L21000846</u>		01/11/202	and	assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability company l	<u>nere</u> :		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the	designation "LLC" o	or the abbreviation	"L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDR	(ESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)	-			
B. If amending the registered agent and/or registered	d office address on our	records, enter th	e name of the	(Z) new registered
agent and/or the new registered office address here:		•	MAR I	
Name of New Registered Agent:			ഗ	í Programa
New Registered Office Address:	Enter Flo	orida street address	T	D
		. Flori	⇒ or da	
	Cny		Zip Co	ede

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 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
AMBR	Antwoyn Boone	1954 Apapka Dr	@Add
	•	1954 Apapka Dr. Middlebuge Fl 3206	Remove
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an effective date is its force: If the date ins	ther than the date sted, the date must be s serted in this block d e date on the Depart	peeine and cannot n loes not meet the	e puor to date or n applicable statut	ing or more man s	(optional) 0 days after filing.) ments, this date v	- .O P <u>iji⊊</u> uant to	605.0207 (fisted as t
record specifies a d is filed.	lelayed effective date	e, but not an effec	ctive time, at 12:	01 a.m. on the ea	urlier of: (b) The	90th day	after the
ated <u>03</u>	12/2021		· ·	_			
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Dated	'	ature of Imember of	or authorized repre	sentative of a men	nher	- -	_

Filing Fee: \$25.00