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## **COVER LETTER**

TO: Registration Section Division of Corpo	rations .	
SUBJECT:	Tampa Bay Trash Valet, LLC Name of Limited Liability Company	
The enclosed Articles of Am	nendment and fee(s) are submitted for filing.	
Please return all corresponde	ence concerning this matter to the following:	
	Brennan Calkins Name of Person	
	Tampa Bay Trash Valet, LLC Firm/Company	
	3714 W. Euclid Ave Address	
	Tampa, FL 33629 City/State and Zip Code	
	tampabaytrashvalet@outlook.com E-mail address: (to be used for future annual report notification)	
For further information conc	terning this matter, please call:	2021 1:0
	n Calkins at (813) 374-2486 erson Area Code Daytime Telephone Number	
Enclosed is a check for the f	ollowing amount:	↑ • ; • •
X \$25.00 Filing Fee □ \$30	0.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,	
Certificate of Status Certifi	ied Copy Certificate of Status & (additional copy is enclosed) Certified Copy (addi	tional copy is enclosed)

## Mailing Address: Street Address:

Registration Section Registration Section
Division of Corporations Division of Corporations P.O. Box 6327 The Centre of
Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## Tampa Bay Trash Valet, LLC

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number. 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 "LLC."

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:

#### Brennan Calkins

Name of New Registered Agent:

### 4715 W Bay View Ave Tampa, Fl 33611

New Registered Office Address:

### 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 Changir istered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, added or removed from our records:	and address of each person being
MGR = Manager AMBR = Authorized Member	
Title Name Address Type of Action □Add	
	□Remove
	□Change
	□Add
	□Remove
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E. Effective date, if other the date of filing or more than 90 days a statutory filing requirements, this	fter filing.) Pursuant to 605.	0207 (3)(b) <u>Note:</u> If th	ne date inserted in this	s block does not	meet the applic	
If the record specifies a delayed record is filed.	effective date, but not an	effective time, at 12:	01 a.m. on the earlier	of: (b) The 90th	day after the	
Dated: October 21, 2021						
	-H.	BM	)			
	Signatut		. member			
	Tyj	Brennan Calkin				

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