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June 30, 2021

ARDALON AREFANYAZDI 8412 LOPEZ DRIVE TAMPA, FL 33615

SUBJECT: FIREMAN AND A DUMPSTER RENTALS L.L.C

Ref. Number: L21000028394

We have received your document for FIREMAN AND A DUMPSTER RENTALS L.L.C and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott
Document Specialist II
Letter Number: 421A00015003

RECEIVED

COVER LETTER

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Registration Section

TO:

Division of Corp	porations		
subject: <u>Fi</u>	<u>reman and a Oc</u> Nar of Lind	impster Rentals	<u>Lt.C</u>
The enclosed Articles of z	Amendment and feets: are sub	omitted for filing.	
Please return all correspon	ndence concerning the matter	to the following:	
	Aidalon Are	Fan yurd: Name of Person Fileman	printals, LLC
	<u> 8412 Lope</u>	Z D rive Address	
	Tampa/F Ardalon 88	City/State and Zip Code O Yakoo Com The used for future annual report not	ري (ejon) Ox
For further information ec	oncerning this matter. : ease o		
Ardylon Are	Fanyazdi	at (<u>\$13</u>) <u>\$43 (</u> Area Code Daytin	5509 5. Telephone Number
Enclosed is a check for the	e following amount:		/
IV\$25.00 Filling Fee	e following amount: \$30.00 Filing 1 Certificate of 5 - t is	☐ \$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 S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7	Street Address: Registration Se Division of Co The Centre of 2415 N. M.mr	; rations

Tallahassee, Ft 22303

ARTICLES OF AMENDMENT TO APTICLES OF ORGANIZATION OF

(Name of the Limited Liability Com	pany as it now appears on our a d Liability (ompany)	records.)	
The Articles of Organization for this Limite-Cliability Compar Florida document number <u>6 al 0000 \$ 79a</u>	, , ,	<u>હત્ય 1૪,૪૦૪ </u> and assigned	
This amendment is submitted to amend the addowing:			
A. If amending name, enter the new name of the limited lia			
Fremon and a Dumps. The new name must be distinguishable and contain the Wirds "Limited Ifial	ter Hauling billing Company," the desired ion	CO, LLC - 1111 (" or the abbreviation "L.1, C.	Ü
Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·		
(Principal office address MUST BE A STEVET ADDRESS)		<u> </u>	
		- · · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable: '			
(Mailing address MAY BE A POST OFFICE BOX)			
		<u></u>	
B. If amending the registered agent and/er registered office agent and/or the new registered office ade ress here:	e address on our records, g	enter the name of the new registered	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florids street o	address	
		Florida	
	City	riorida Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

Thereby accept the appointment as regist red agent and agree to act in this cao wity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my daties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Che, ver 605, F.S. Or, if this document is being filed to merely reflect a change in $t \circ registered$ office address. Thereby $t \circ t$ in that the limited liability company has been notified in writing of $t \circ t$ 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>	Type of Action
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			<u> </u>
		<u></u>	
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change
		······································	□Add
			□Remove
			□Change

). If amending any other information, enter change(s) here: tAttach additional.	veets, if necessary.)
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Here tive date, if other than the date φ' filing: (If an effective date is listed, the date must be spec ħ; and cannot be prior to date of filing or more the Note: If the date inserted in this block does not meet the applicable statutory filing real document's effective date on the Departme 1 of state's records.	(optional) (a 90 days after filing.) Pursuant to 605,0207 (irements, this date will not be listed as a
the record specifies a delayed effective date, \mathcal{F} at not an effective time, at 12:01 a.m. on the cord is filed.	earlier of: (b) The 90th day after the
Dated May 25 2001.	
Signate a of a promber of authorized representative of a promber of authorized representative of a promber of	ember
Ardalon Arefanyazdi Signaraz of a promber 2 authorized representative of : p	·- <u></u>

Filing Fee: \$25.00