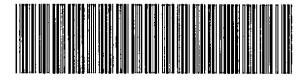
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C. BRUMBLEY

JAN - 5 ZUZZ

COVER LETTER

TO: Registration Section Division of Corporation	ons		
SUBJECT:	-ed Valet Name of Limited Lia	Trash sability Company	Services LCC
The enclosed Articles of Amend Please return all correspondence	·	•	BECEIVED
	Therry Cas	Name of Person	2022 JAN -3 PM 2:37 SECSTIANY OF STATE TALLAHASSEE, FL
71	54 N Univer	Firm/Company Address	STE 19 91
1	Gmarac, FL City. City. City. City.	/State and Zip Code /State and Zip Code sed for future annual report	o Ginail. Com
For further information concerning	ng this matter, please call:		Ŭ
Larry D Scroon Name of Person	ssins	at (954) 6 Pag	2 - 4841 viime Telephone Number
,	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 Corpora		Street Address Registration Division of 6	Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1 yfted Valet Trash services LCC

(Name of the Limite	d Liability Company A Florida Limited Lial	as it now appears on our rec bility Company)	<u>ords.</u>)	
The Articles of Organization for this Limited Lia Florida document number <u>Laluvo</u> (4 a.)	ability Company wo	ere filed on 2 3 2	∐∂∪∂ 1 and assigned	d
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of Casse Belle. The new name must be distinguishable and contain the we	Houses	LLC	.LC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applica	able:		2022 JAN -	<u></u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>BOX)</u> .		3 AH 7: 30	∏ <u>-</u>
B. If amending the registered agent and/or reagent and/or the new registered office addres		dress on our records, ent	ter the name of the new rep	-65°A
Name of New Registered Agent: New Registered Office Address:	Cherry 7154 N	Emer I wind sirevi ad	orive STE	<u> 19</u> 4
	Tama cac		Florida 3332	

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.

MChanging 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>	Address	Type of Action
MGR	Cherry Casses	7154 N. University Dr.	DANdd
	`	STE 19 4. Tamarac FL 352	
			□Change
AMBR	Larry D. scraggins. r.	8143. NW 1414 Street	□Add
	•	Cural Springs, FC 33071	□Remove
			DChange
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Note:	live date, if other than the date of filing: 122200 (optional) Tective 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the option of the Department of State's records.
the reco	rd 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 iled.
Dated	Wenter Band. 2001.
	OMON O
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00