

JAN - 5 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lyfted Valet Trash Services 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:

RECEIVED

2022 JAN -3 PM 2:37

Cherry Casseus
Name of Person

SECRETARY OF STATE
TALLAHASSEE, FL

Firm/Company

7154 N University Dr. STE 194
Address

Tamara, FL 33321
City/State and Zip Code

lyftedvalettrashservices@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Larry D Scruggins at (954) 692-4841
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**

Lyfted Valet Trash Services 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 2/24/2021 and assigned Florida document number L21000092328.

This amendment is submitted to amend the following:

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

Casse Belle Houses LLC

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:

Cherry Casseus

New Registered Office Address:

7154 W. University Drive STE 194

Enter Florida street address

Tamarac

City

Florida 33321

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.

Cherry Casseus

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	Cherry Cassius	7154 N. University Dr.	<input checked="" type="checkbox"/> Add
		STE 194, Tamarac, FL 33211	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Larry D. Scroggins, Jr.	8143 NW 14th Street	<input type="checkbox"/> Add
		Coral Springs, FL 33071	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

[illegible]

(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)

Typed or printed name of signee

Filing Fee: \$25.00