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Office Use Only



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COVER LETTER

Div	ision of Corp	porations			
CUBIECT	DUMPSTE	RS TO GO LLC			
SUBJECT:		Name of Limi	ited Liability Company		
The enclosed	f Articles of a	Amendment and fee(s) are sub-	mitted for filing.		
Please return	all correspon	ndence concerning this matter	to the following:		
		STEPHANIE MARIE ME	LENDEZ LOPEZ		
	Name of Person				
			Firm/Company		
	. DRIVE				
	Address WINTER GARDEN FL 34787				
	City/State and Zip Code				
		SMELENDEZ121807@GM E-mail address: (1	to be used for future annual report notification)	(E)	
For further i	nformation co	oncerning this matter, please ca	, , , , , , , , , , , , , , , , , , ,	2 ACH 1262	
STEPHANI	E MARIE M	ELENDEZ LOPEZ	321 240-5552 at ()	2 P	
	Name of	f Person	Area Code Daytime Telephone Number	4 5: 05	
Enclosed is	a check for th	ne following amount:		, 0,	
□ \$25.00 l	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee Certificate of \$12 Certified Copy (additional copy is enclosed)	atus &	
	iling Addres		Street Address: Registration Section		

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

Registration Section

TO:

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

DUMPSTERS TO GO LLC					
(Name of the Limi	ted Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)			
he Articles of Organization for this Limited L		were filed on 03/23/2021	a	nd assig	gned
lorida document number L21000136181	·				
his amendment is submitted to amend the foll	lowing:				
. If amending name, enter the new name o	of the limited liab	ility company here:			
OADRUNNERS JUNK REMOVAL LLC					
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or	the abbrevia	tion "L.L	.C."
Enter new principal offices address, if applic	17706 WEST COLONIAL DRIVE				
Principal office address MUST BE A STREI	WINTER GARDEN FL 34787				
inter new mailing address, if applicable:		7002 HIAWASSEE OVERLOOK	DRIVE		_
Mailing address MAY BE A POST OFFICE	BOX)	ORLANDO FL 32835			
			·		
 If amending the registered agent and/or igent and/or the new registered office addre 		address on our records, enter the	name of t	he new	regist
igent and/or the new registered office addre	ess nere.		₩	2021 8	رم. ٠ ٠
Name of New Registered Agent:	STEPHANIE N	MARIE MELENDEZ LOPEZ	<u>i-1</u>	्डू -श ्र-	
New Registered Office Address:	7002 HIAWAS	SEE OVERLOOK DRIVE		2	, }
Hen Registered Office Address.		Enter Florida street address		:::	
	ORLANDO	. Florid	la 32835	<u></u>	~ I.#
		City	Zir	· Colin	

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 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
MGR	STEPHANIE MARIE MELENDEZ	7002 HIAWASSEE OVERLOOK DRIVE	□Add
		ORLANDO FL 32835	□Remove
			■ Change
AMBR	ANGEL FLORES	7002 HIAWASSEE OVERLOOK DRIVE	
		ORLANDO FL 32835	🖸 Remove
			Change
			□Add
			□Remove
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			Remove
			□Change

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Filing Fee: \$25.00