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2021 JULY 24 PH 2: 29

COVER LETTER

TO:

TO: Registration Sect Division of Corpo			
SUBJECT: 24/7	Dumpsters Name of Lim	LiMited Liability Company	ity Company
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Picase return all correspond	dence concerning this matter	to the following:	
	<u>floalid</u>	Barragan-Rod Name of Person	rigue7
		Firm/Company	·
	3817 Win	ter Berry Road	East
	Jack	City/State and Zip Code	210
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	fication)
For further information con	cerning this matter, please ca	all:	
Hilda Ba	Yragan Terson J	at (904) BO3- Area Code Daytime	- 5418 e Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	S30.00 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 Se Division of Cor P.O. Box 6327 Tallahassee, FL	rporations	Street Address: Registration Sec Division of Con The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 810

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

24/7 Dumpsters (Name of the Limited)	S Limited Liab	A Liubilitu as it now appears on confility Company)	Ur records.	y	
The Articles of Organization for this Limited Liabi		erc filed on <u>D</u>	23/2021	and assigned	
This amendment is submitted to amend the following	ing:				
A. If amending name, enter the new name of th	e limited liability	y company here:			
The new name must be distinguishable and contain the word	s "Limited Liability (Company," the designa	ition "LLC" or the a	abbreviation "L.L.C."	
Enter new principal offices address, if applicabl	e: _			122	
(Principal office address MUST BE A STREET A	ADDRESS)			-	
	-				
				7	
Enter new mailing address, if applicable:	-			2:	
(Mailing address MAY BE A POST OFFICE BO	<u>X)</u> _			<u> </u>	
	-				
B. If amending the registered agent and/or regiagent and/or the new registered office address h		ress on our record	ls, <u>enter the nar</u>	me of the new registe	<u>red</u>
Name of New Registered Agent:					
New Registered Office Address:					
		Enter Florida str	eet address		
-		City	, Florida _	Zip Code	
		Cay		гар Соив	

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MUR	Hilda Barrayan	3817 Winter Berry Ed. E.	[Z]Add
		3817 Winter Berry Dd. E. Jacksonville, Fl. 32210	Remove
			Change
			🗀 Add
			□Remove
			□Change
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or m	ore than 90 days	optional) after filing.)	Pursuant to 605.0
e: If the date inserted in this block does not meet the applicable statutory filin ument's effective date on the Department of State's records.	g requirements	this date w	vill not be listed
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m.	on the earlier o	f: (b) The	90th day after
s filed.	of a member		