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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	CT: All Away Having and Junk Removal Name of Limited Diability Company	
The end	losed Articles of Amendment and fee(s) are submitted for filing.	
Please 1	eturn all correspondence concerning this matter to the following:	Laurusha Jarrett Name of Person All Away Ha uling and Junk Remard Firm/Company 511 Patfon Loop Address Bartow, Fl 33830 City/State and Zip Code allaway hauling @ gmail. Com E-mail address: (to be used for future annual report notification) oncerning this matter, please call: 2 Jarrett at (863), 738 9451
	Laurusha Jarrett Namc of Person	
	All Away Hauling and Junk Remaral	
	511 Patton Loop	
	Bartow, Fl 33830 City/State and Zip Code	
	allaway hauling @ gmail. com	
For furt	ner information concerning this matter, please call:	
	Aurusha Tarreff at (863) 738 9451 Name of Person Area Code Daytime Telephone Number	Ø
Enclose	d is a check for the following amount:	
\$ 525	.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
	Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations	

Registration 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

The Articles of Organization for this Limited Liability Company were filed on JUN 02, 2021 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: New Registered Office Address: Enter Florida street address

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.

City

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
AMBR	Clive Jarrett	511 Patton Loop Bartow, Fl 33830	XAdd
		Baffold (+1 53830	□Remove
			□Change
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