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10/21/21--01013--018 **25.00



A. BUTLER

COVER LETTER

TO:

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Sec Division of Corp			
subject: <u>\$</u>	1 Dumpster Name of Lin	Rentals LLC nited Liability Company	
The enclosed Articles of a	Amendment and fec(s) are sub	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Jam	Name of Person	
	589 [Sumpster Rente	als LLC
	<u>7337 Su</u> ^	nmer St. Address	
	Brook	Suille Fl- 346 City/State and Zip Code	13
		osters & amail- lo be used for future annual report notif	
For further information co	oncerning this matter, please c		
Jamie M Name of	a. Co Z Person	at (352)S49 Area Code Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
XD\$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 S Division of Co	ection	Street Address: Registration Sec Division of Corp	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

589 D.	imposter Rentals Later 607 21 AH 7:37
(Name of the Limit	
The Articles of Organization for this Limited Li	ability Company were filed on Aug. 6 202 and assigned
Florida document number <u>L21000354</u>	556
This amendment is submitted to amend the following	owing:
A. If amending name, enter the new name of	the limited liability company here:
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:
(Principal office address MUST BE A STREE	T ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE I	BOX)
B. If amending the registered agent and/or reagent and/or the new registered office addres	egistered office address on our records, <u>enter the name of the new registered</u> s here:
Name of New Registered Agent:	Jamie Monroe
New Registered Office Address:	7337 Summer St. Enter Florida street address
	Brooks ville Florida 34613

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>	Address	Type of Action
AMBR	Jamie Monroe	7337 Summer St. Broksvilk Fl. 34613	⊠ √dd
			□Remove
			Change
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fecti	ve date, if other than the date of filing: (optional)
an effe ote:	cetive 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 605.0203 lff the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
ecord is fil	I 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 ed.
ited _	Oct. 4, 2021
	Signature of a member or authorized representative of a member
	Jam'ie Monroe Typed or printed name of signee