## L21000381374

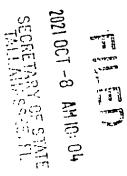
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Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corpo	rations		# ·
SUBJECT: BIC	y C Hauling	ited Liability Company	<del></del>
The enclosed Articles of An Please return all corresponde			
		Name of Person	
		Firm/Company	
		1 Lake Jeffery Roc Address	
	, ,	FL. 32035 City/State and Zip Code  Gashoo Com to be used for future annual report notific	
For further information cond	- 3		auton)
Sion Jon Name of Pe	nes rrson	at ( <u>380</u> ) <u>293 -</u> Area Code Daytime	2302 Telephone Number
Enclosed is a check for the f	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 Sec	ction	Street Address: Registration Sect	ion

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

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

FILED

a II		2021 UCT -8 APT (U: U4
Big C Hawling	ILLC	SECRETARY OF STATE
Name of the Limited Liability Con	npany as it now appears on our re- ed Liability Company)	cordshALLAHASSEE, FI.
The Articles of Organization for this Limited Liability Compa		
Florida document number <u>L21000381374</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lic	ability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<del></del>
(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 offic agent and/or the new registered office address here:	ee address on our records, <u>en</u>	ter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	dress
		. Florida
	City	Florida

New Registered Agent's Signature, if changing Registered Agent:

nIA

MA

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>	Name	Address	Type of Action
AMBR	Sion Jones	9648 NW Lake Jeffery Road	5\text{Add}
		Laxe City, FL. 32035	□Remove
			□Change
			DAdd
			□Remove
			①Change
			🗆 Add
			□Remove
			□Change
			□Add
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cord s s filed.	pecifies a delayed effectiv	ve date, but not ar	n effective time,	at 12:01 a.m. on th	ne earlier of: (b)   1	The 90th day after the
			<u> 1300                                   </u>			
ed					^	$\wedge$
ted	Posseco	Signature of a me			Lion	Ja-

Filing Fee: \$25.00