## h21000400419

(Re	questor's Name)	<del></del>
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## **COVER LETTER**

Tallahassee, FL 32314

	tion Secti of Corpo				
	PLE WAS	STE SOLUTIONS, LLC			
SUBJECT:		Name of Lim	ited Liability Company	<u> </u>	<del></del>
The enclosed Artic	cles of An	nendment and fee(s) are sub	mitted for filing.		
Please return all co	orrespond	ence concerning this matter	to the following:		
		PETER ROCCO III			
			Name of Person	<u></u>	
		SIMPLE WASTE SOLUT	IONS ,LLC		
			Firm/Company		
		1545 CLUBHOUSE BLVI			
			Address		
		DAVENPORT, FLORIDA	. 33837		
			City/State and Zip Code	<u></u>	<del></del>
		petc.rocco3@yahoo.com			
		E-mail address: (	to be used for future annual	report notification)	
For further inform	ation cond	cerning this matter, please co	all:		
PETER ROCCO I	Ш			5-0118	
	Name of Po	erson	at () Area Code	Daytime Teleph	one Number
Enclosed is a chec	k for the f	following amount:			
□ \$25.00 Filing	Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is encl		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing /</u> Registra	Address:	ction	Street Ad Registra	Idress:	
Division	n of Cor	porations	Division	n of Corporatio	
P.O. Bo	x 6327		The Cer	ntre of Tallaha	ssec

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION 15 MID: 34

SIMPLE WASTE SOLUTIONS

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited L Florida document number L21000400419	iability Company were	filed on SEPTEMBER 9,2021	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	of the limited liability c	ompany here:	
The new name must be distinguishable and contain the	words "Limited Liability Co	mpany," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applie	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		<u>, , , , , , , , , , , , , , , , , , , </u>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and/or agent and/or the new registered office address.	registered office addre	ess on our records, enter the nam	ne of the new registered
Name of New Registered Agent:	PETER ROCCO III		
New Registered Office Address:	1545 CLUBHOUSE	BLVD	
		Enter Florida street address	
	DAVENPORT	, Florida <u>33</u>	837
	-	City:	Zip Code
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	
AMRR =	Authorized Member	

$2i_{i,j} \leq 1$	15	A.1.19:	34
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<u>Title</u>	Name	Address	Type of Action
			Remove
			Change
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e recor	rd specifies a delayed el led.	Tective date, but	not an effective	time, at 12:01 a.r	n. on the earl	er of: (b)	The 90th o	lay after the
	SEPTEMBER 13	_	2021					
Dated								