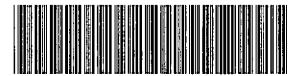
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SECRETARY OF STATE

COVER LETTER

Registration Section Division of Corporations

TO:

The Kings of	of Hauling LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Jenny C.			
		Name of Person		-
	ZenBusiness Inc.			
		Firm/Company		 -
	336 E College Ave. Sie 30	ıl.		
		Address		DEC SEC
	Tallahassee, FL 32301			106 2 RETA
		City/State and Zip Code		2022 AUG 29 PH 1: 49 SECRETARY OF STATE TALLAHASSEE. FL
	E-mail address: (to be used for future annual report notif	ication)	EE STA
For further information co	oncerning this matter, please co	all:		THE W
Jenny C.		844 493-6249 at ()		
Name of	Person		: Telephone Numbe	er
Enclosed is a check for th	e following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &
Mailing Address Registration S	Section	Street Address: Registration Sec		
Division of C P.O. Box 632	-	Division of Cor The Centre of T	•	
Tallahassee F		2415 N. Monros		810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Kings of Hauling LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Company lorida document number 1.21000407699	were filed on09/14/202	and assigned
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liab	lity company here:	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation	n "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		- 52
		70 77
		29
nter new mailing address, if applicable:		PH PH
Mailing address MAY BE A POST OFFICE BOX)		
		Tim o
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	iddress on our records,	enter the name of the new register
gent and/or the new registered office address here.		
Ni anno a CN ann Dan Tanan I. A		
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida street	address
		Florida
	City	Zip Code
ew Registered Agent's Signature, if changing Registered Agent:		
hereby accept the appointment as registered agent and agro rovisions of all statutes relative to the proper and complete ecept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dut provided for in Chapter	ies, and I am familiar with and 605, F.S. Or, if this document is
If Chan	ging Registered Agent, Sign	ature 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>	<u>Address</u>	Type of Action
AMBR	ROJAS-RUBIO, DANIEL S	5310 Brushycreek Dr.	□Add
		Tampa, FL 33625	= Remove
			□Change
AMBR	RIOS, THOMAS J	4527 Shadberry Drive	□ Add
		Tampa, FL 33624	≡ Remove
			⊡Change
			□Add
			□Remove
			Change
			2022 AUG 25 PHCHange
			☐ 1. ☐ Add
			□Remove
			□Add
			□Remove
			Change

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