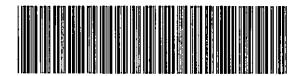
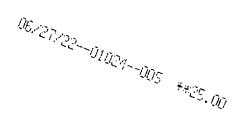
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(Requestor's Name)
(Address)
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A. BUTLER SEP 2 1 2022

## **COVER LETTER**

TO:

Registration Section

Division of Cor	porations			
	A Dump LLC			
SUBJECT:	Name of Limi	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Troy Richards Sr			
		Name of Person		
	More Than A Dump			
		Firm/Company		
	2916 W Elston Drive			
		Address		
	Delatona FL 32738			
	<del></del>	City/State and Zip Code		
	morethanadump@gmail.cor	n to be used for future annual report not	ification)	
For further information of	concerning this matter, please c			
Troy Richards Sr		610 333-7269 at ()		
Name (	of Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>Mailing Addre</u> Registration		Street Address: Registration So		
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee		
Tallahassee,			pe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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

(A Florida Limited Liability Company) More Than A Dump LLC The Articles of Organization for this Limited Liability Company were filed on  $\frac{10/22/2021}{}$ Florida document number L21000460066 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 \_, Florida \_\_\_ City

## 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
MGR	Troy Richards Sr	2916 W Elston Drive	
		Deltona FL 32738	□Remove
			□Change
AMBR	Nilda Richards	2916 W Elston Drive	□Add
		Deltona FL 32738	□Remove
		<del></del>	□Add
		<del></del>	Remove
			□Change
			□Add
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			Remove
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record specifies a delayed effect is filed.	tive date, but not an e	meetive time, at 12.	or a.m. on the earne	ron. (b) The only day	arrer me
ated June 9	· ·	· · · · · · · · · · · · · · · · · · ·			
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Typed or printed name of signee