L21000476976

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

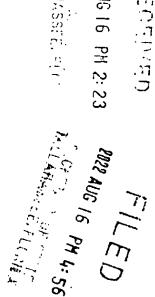


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LLC

AUG 1 8 2022



CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

		
CONTAINERS DEF	POT ROLL OFF	
SPECIALIST LLC		
		
		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art. of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
<i>-</i>		Vehicle Search
		Driving Record
Requested by: SN	08/16/22	UCC 1 or 3 File
Name		UCC 11 Search
Multic	Date time	UCC II Retrieval
Walk-In	Will Pick Up	Courier

COVER LETTER

TO:

TO: Registration Division of C	s Section Corporations		
CONTA SUBJECT:	INERS DEPOT ROLL OFF SE	PECIATLIST LLC	
	Name of L	imited Liability Company	
The enclosed Articles	of Amendment and fee(s) are so	ubmitted for filing.	
	spondence concerning this matte		
	ROBERT C CLARK		
		Name of Person	
	CONTAINERS DEPOT	ROLL OFF SPECIALIST LLC	
		Firm/Company	
	355 NW 171 STREET		
		Address	
	MIAMI GARDENS FLO	RIDA 33169	
		City/State and Zip Code	
	BOBBYSUNSHINESTAT		
For further information		(to be used for future annual report not	ification)
	concerning this matter, please of	call:	
ROBERT C CLARK		561 866-9005 at()	
Name	of Person		e Telephone Number
Enclosed is a check for	the following amount:		
■ S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration of C Division of C P.O. Box 632 Tallahassee, 1	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of Tore 2415 N. Monroe Tallahassee, FL	porations allahassee : Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CONTAINERS DEPOT ROLL OFF SPECIALIST LLC (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 Liability Company were filed on 11/3/2021 and assigned Florida document number L21000476976 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A 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: N/A (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: N/A (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: SUNSHINESTATE ACCOUNTING AND TAX SERVICE New Registered Office Address: 621 NW 53RD STREET SUITE #125 Enter Florida street address , Florida 33487
Zip Code **BOCA RATON**

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.

f 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>	<u>Address</u>	Type of Action
MGR ———	YAMILA ACOSTA	355 NW 171 STREET	
		MIAMI GARDENS FLORIDA 33169	□ Add
AMBR	ADAM CENDAN	355 NW 171 STREET	□Change
		555 NW 171 STREET	= Add
		MIAMI GARDENS FLORIDA 33169	□Remove
			□Change
			□Add
			□ Remove
			□Change
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change

AND ADDIN	G MR. ADAM CENDAN AS THE MANAGING MEMBER AND ONLY MEMBER;
 -	
	
	
	
	
	
ective date, if of	ther than the date of filing: AUGUST 1, 2022 (optional)
effective date is lis	(optional) sted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 serted in this block does not meet the applicable statutory filing requirements, this date will not be listed
ument's effective	e date on the Department of State's records.
cord specifies a d s filed.	elayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t
ed	, 2022
(1)	

Filing Fee: \$25.00