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(Re	equestor's Name)	·
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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2022 JAN 3! AM 8: 36 SECRETARY OF STATE

A. BUTLER FEB 1 8 2022

COVER LETTER

TO: Registration So Division of Cor		•	1	<i>,</i> ,
GIQ DUMI	PSTER RENTAL 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	ondence concerning this matter	to the following:		
	NOEL C TEYLAN			
		Name of Person		
		Firm/Company		
	4625 SW SAVONA BLV)		
		Address		
		City/State and Zip Code		
	INFO@IHEART-TAX.CO		•	
For further information c	e-mail address: (to be used for future annual report notif all:	ication)	
HERLINE PIERRE		954 603-8771		
Name o	f Person		: Telephone Number	
Enclosed is a check for the	ne following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
Mailing Addres		Street Address:		
Registration S Division of C		Registration Sec Division of Corp		
DIVISION OF C	огроганона	וט ווטוצויותו	porations	

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 OF

2022 JAN 3! AM 8: 37

SEPRETARY OF A = 4 = +
SECRETARY OF STATE and Liability Company) SECRETARY OF STATE AND ADDRESS OF STATE ADDRE
ny were filed on and assigned
ability company here:
ability Company," the designation "LLC" or the abbreviation "L.L.C."
SAME AS PREVIOUS
SAME AS PREVIOUS

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered

NA

NΑ

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

agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

GIQ DUMPSTER RENTAL LLC

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.

City

Enter Florida street address

Florida _

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
			Remove
			Change
			Remove
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			Remove
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ffective date, if other than the an effective date is listed, the date must sote: If the date inserted in this blo ocument's effective date on the De	ck does not meet t	he applicable stat	f filing or more than 9 autory filing require	(optional) 0 days after filing.) F ments, this date w	tursuant to 605.020 ill not be listed a:
record specifies a delayed effective is filed.	date, but not an ef	fective time, at 1	2:01 a.m. on the ear	rlier of: (b) The	90th day after the
14 NU 14 D.V. 20	202	22			
JANUARY 20					
ated	·		^		
rated	Signature of a membe	authorized rej	presentative of a mem	ber	

Filing Fee: \$25.00