## h22000049203

(Re	questor's Name)	
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(Cit	y/State/Zip/Phon	e #)
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Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	
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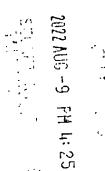
Office Use Only



300385984363

04/20/22--01013--005 \*\*43.75

07/25/23--01062--032 \*\*16.25



Smend

## COVER LETTER

TO: Registration Section **Division of Corporations**  RECEIVED

CLR HAULING LLC

2022 JUL -6 AM 7: 59

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SHR IECT-				

Name of Limited Liability Company

SECTED A GLABIE

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

	CHRISTIAN LOPEZ RO	DRIGUEZ	
		Name of Person	
	CLR HAULING LLC		
		Firm/Company	
	110 PLYMOUTH AVE		
	-	Address	<del></del>
	ALTAMONTE SPRINGS	, FL 32701	
		City/State and Zip Code	70
CLRHAULINGLLC@GMAIL.COM		772	
	E-mail address: (	(to be used for future annual report notification)	7072 AUG
For further information of	concerning this matter, please c	all:	. 9
CHRISTIAN LOPEZ R	ODRIGUEZ	407 860-2546	P
Name o	of Person	Area Code Daytime Telephone	Number 25
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Co	0.00 Filing Fee, ertificate of Status & ertified Copy

Mailing Address:

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Certified Copy

Atatched is a money order for the Amount of 16.25 Street Address: Registration Section that Combined with Division of Corporations fue fue previous
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Add upto

Tallahassee, FL 32303

60. Dollars



June 2, 2022

CHRISTIAN LOPEZ RODRIGUES 110 PLYMOUTH AVE ALTAMONTE SPRINGS, FL 32701

SUBJECT: CLR HAULING LLC Ref. Number: L22000049203

We have received your document for CLR HAULING LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 522A00012332

Tekayla T Matthews OPS

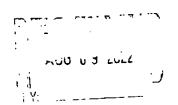
www.sunbiz.org



July 28, 2022

CHRISTIAN LOPEZ RODRIGUEZ 110 PLYMOUTH AVE ALTAMONTE SPRINGS, FL 32701

SUBJECT: CLR HAULING LLC Ref. Number: L22000049203



We have received your document for CLR HAULING LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews OPS

Letter Number: 822A00016934

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ARTICLES OF C	ORGANIZATION , 😤 🦟				
О	F A Section of the se				
CLD HARRING LLC					
CLR HAULING LLC (Name of the Limited Liability Compa	ny as it now appears on our records.)				
(Name of the Limited Liability Compa (A Florida Limited I	Liability Company)				
The Articles of Organization for this Limited Liability Company	were filed on $\frac{01/27/2022}{}$ and assigned				
Florida document number L22000049203	`				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."				
,	110 PLYMOUTH AVE.				
Enter new principal offices address, if applicable:	ALTAMONTE SPRINGS, FL. US 32701				
(Principal office address MUST BE A STREET ADDRESS)					
	110 PLYMOUTH AVE.				
Enter new mailing address, if applicable:	ALTAMONTE SPRINGS, FL. US 32701				
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered office a	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: \\o P	Enter Florida streedress				
Altama	Enter Florida streedress onte Springs. Florida 32701 City Zip Code				
	City. Zib 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 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
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ective date, if other than the effective date is listed, the date mer. If the date inserted in this burnent's effective date on the limits of the limits of the limits of the limits of the limits.	ust be specific and block does not m	cannot be prior t eet the applica	o date of filing or	more than 90 day	's after filing.) Pur	suant to 605.020 not be listed a
cord specifies a delayed effect filed.	ve date, but not a	an effective tin	ne, at 12:01 a.m	. on the earlier	of: (b) The 90	th day after th
JUNE 15		2022	<u> </u>			
	Christian	Lope2 P	<u>.</u> .			
				e of a member		