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(Re	questor's Name)	. <u></u>
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PICK-UP	☐ WAΠ	MAIL.
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
TALLAHASSEE, FI

COVER LETTER

TO:	Registration Sect Division of Corpo	
SUBJECT:	UNITED VALET TRASH SERVICES LLC	
3000	вст.	Name of Limited Liability Company
The er	nclosed Articles of A	mendment and fee(s) are submitted for filing.

The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	LOVETTE DOBSON		
		Name of Person	, i
	···	Firm/Company	
	17350 STATE HWY 249 S	STE 220	
		Address	
	HOUSTON, TX 77064		
		City/State and Zip Code	
	EFILE1234@INCFILE.CO	M	
	E-mail address; (to be used for future annual rep	ort notification)
For further information c	oncerning this matter, please ca	all:	
LOVETTE DOBSON		at ()	62-3453
Name o	f Person	Area Code	Daytime Telephone Number
Enclosed is a chack for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	Certificate of Status &

Mailing Address:

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

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

UNITED VALET TRASH SERVICES LLC

2022 MAR 21 PM 3: 32

(Name of the Limited Liabil	ity Company as it now appears o	on our records.
(A Fioria	a Limited Liability Company)	TALLAHASSEE, FL
The Articles of Organization for this Limited Liability C	Company were filed on <u>02/04</u>	4/2022 and assigned
Florida document number L22000061309	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	<u>iited liability company here</u>	<u>e</u> :
LAMAR BUYS HOUSES ELC		
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the desi	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
	- 11 - 1	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
initing unity in 1911 BE 117 COT OT 1 TOES SONY		
B. If amending the registered agent and/or registere	ed office address on our rec	ords, <u>enter the name of the new regis</u>
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	a street address
		, Florida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Register	ed Agent:	
I hereby accept the appointment as registered agent	t and agree to act in this ca	ipacity. I further agree to comply with
provisions of all statutes relative to the proper and		
accept the obligations of my position as registered a	agent as provided for in Ch	napter 605, F.S. Or, if this document i
being filed to merely reflect a change in the register	ea office adaress. 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>	Name	Address	Type of Action
			□Add
			□Remove
			☐Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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Effective date, if other than the off an effective date is listed, the date must Note: If the date inserted in this bloodocument's effective date on the Def	be specific and can ck does not meet	the applicable s	e of filing or more t statutory filing re	(option han 90 days after fi quirements, this (ling.) Pursuant to 60	95.0207 (Sted as t
e record specifies a delayed effective rd is filed.	date, but not an e	Ifective time, a	at 12:01 a.m. on th	ne earlier of; (b)	The 90th day after	er the
Dated MARCH, 15	20)22				
-4 had	Macun	Pitto				
I had	ldaeus ignature of a memi	Der or authorized	representative of a	member		

Filing Fee: \$25.00