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(Re	equestor's Name)	
(Ac	idress)	
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(
(Cì	ty/State/Zip/Phone #)	
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2023 AUG 18 PM 1: 46 SECRETARY OF STATE

COVER LETTER

TO: Regi Divi:	stration Section of Corpo	on rations	*	*	•	:
	CG DUMPIN	G SERVICES LLC				
SUBJECT:	UBJECT:Name of Limited Liability Company					
The enclosed	Articles of A	mendment and fee(s) are subr	nitted for filing.			
Please return	all correspond	lence concerning this matter	to the following:			
		CARLOS A. GONZALEZ	GUTIERREZ			
			Name of Person			
CG DUMPING SERVICES LLC Firm/Company 95 SW 15 RD						
			Address			
		HOMESTEAD, FL 33030			_	
			City/State and Zip Code		2023 AUG 18 SEGRETAR TALLAH	
		CG141196@ICLOUD.COI			ALCRI	1.24
		E-mail address: (to be used for future armual report notification	n)		4 1125 7
For further in	nformation co	ncerning this matter, please c	all:			ੀ . ਹਵਾਵ
CARLOS A	. GONZALEZ	COUTTERREZ	786 7598440 at ()		93.58 9.70 9.70 9.70	g/27 E-e-e-
	Name of	Person	Area Code Daytime Tele	phone Number	PH 1:46	
Enclosed is a	a check for the	following amount:				
■ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fe Certificate of S Certified Copy (additional copy is	tatus &	

Mafiling 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CG DUMPING SERVICES LLC		
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor Florida document number <u>L22000095228</u>	mpany were filed on FEBRUARY 21, 2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed Hability company here:	
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		\$ 8
(Principal office address MUST BE A STREET ADDRI	ESS)	TARRETT AUG
Enter new mailing address, if applicable:		HAY OF
(Mailing address MAY BE A POST OFFICE BOX)		Est 1
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the ne	ame of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	
Florida document number L22000095228 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 "LLC." 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 office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	Zip 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 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
AMBR	CAROLINA MEJIA PEREZ	95 SW 15 RD	□Add
		HOMESTEAD, FL 33030	≅ Remove
			☐ Change
····			Cl Add
			Петоче
			Change
			Remove SE Offichange
	<u></u>		ALLAHASSE CHARemove
			Change
			Add
			Remove
			Change
			_ _Add
			□ Remove
			Change

If amending any other information,	enter change(s) here: (Attach add	litional sheets, if necessary	.)	
				
			•	
		<u> </u>		
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			4.7 7.7 8	3 2 2 2 3
		····		
				Wage:
. Tree of the least of the sale of the sal	08/10/2023	(optional)	ا بران م	
C. Effective date, if other than the date (If an effective date is listed, the date must be a Note: If the date inserted in this block a document's effective date on the Depart	specific and cannot be prior to date of filing does not meet the applicable statutory	or more than 90 days after filing filing requirements, this date).) Pursuant to 605.0 will not be listed	0207 (3) d as the
the record specifies a delayed effective date ecord is filed.	te, but not an effective time, at 12:01 a	n.m. on the earlier of: (b) The	he 90th day after	the
Dated AUGUST 8TH	2022			
	CO1109			
Sign	nature of a member or authorized represent	tative of a member		
CARLOS A. GONZALEZ	GUTIERREZ			
	Typed or printed name of sign	nee		

Filing Fee: \$25.00