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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: LOGIOITY Trash and Junk Removal LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Jusan Arraguita Name of Person	
InFinity Trash and Junk Ramoual LLC Firm/Company	
185 AWZVO DEWZ	
City/State and Zip Code Tintingly Transpervices a) Grand-Can	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person at (659) 677-1439. Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

(Name of the Limited Lia	cs And Toss 2022 MAR 25 AND CI. Ability Company as it now appears on our records.) Orida Limited Liability Company) SECRETARY OF STATE TALLAMA COSTS
The Articles of Organization for this Limited Liabilit Florida document number <u>LZ200010561</u>	y Company were filed on VacCV 10 2027 and assigned
This amendment is submitted to amend the following	y:
A. If amending name, enter the new name of the l	limited liability company here:
The new name must be distinguishable and contain the words "	K Demoig Services LLC Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET AD	DDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address her	ered office address on our records, <u>enter the name of the new registerec</u> e:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	City 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 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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			□Remove
			Change
			□Remove
			Change
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an effective date in ote; If the date	of other than the days listed, the date must be inserted in this blocative date on the Dep	e specific and car k does not mee	nnot be prior to c t the applicable	late of filing or mo	re than 90 days after	onal) r filing.) Pursuant to 6 is date will not be li	05.0207 sted as
record specifies I is filed.	a delayed effective of	late, but not an	effective time	, at 12:01 a.m. c	on the earlier of: ())) The 90th day af	ter the
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