Plorida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : WARD, DAMON & POSNER, P.A.

Account Number : 072262000447 Phone : (561)842-3000 Fax Number : (561)842-3626

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	MSAROFSKY	/@WARDDAMON.	COM	

PERALIMENT OF STATE O

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BULK WASTE LLC

Certificate of Status	0
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Corporate Filing Menu

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JUL - 3 2024

COVER LETTER

TO: Registration of Division of	on Section Corporations					
BULK WASTE LLC SUBJECT:						
SCHIECT.		mited Liability Company				
The enclosed Article	es of Amendment and fee(s) are su	bmitted for filing				
Please return all con	respondence concurning this matte	r to the following:				
	MAHRA SAROFSKY, E	sQ.				
		Name of Person				
	WARD DAMON PL					
	4420 BEACON CIRCLE					
		Address				
	WEST PALM BEACH, F	FL 33407				
	Meancontrolly	City/State and Zip Code				
	MSARFOSKY@WARDD	AMON.COM to be used for future annual report not	fication)			
For further informati	on concerning this matter, please o		,			
MAHRA SAROFSK	XY	561 842-3000				
Nai	nie of Person	at () Area Code Daytim	c Telephone Number			
Enclosed is a check f	or the following amount:					
■ \$25,00 Filing Fo	Certificate of Status	[] \$55.00. Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (udditional copy is enclosed)			
P.O. Box 6	on Section f Corporations	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 810			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



BULK WASTE LLC		CORID
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L22000128165	were filed on 3/14/2022	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabili 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 ac agent and/or the new registered office address here:	ddress on our records, enter the name of	the new registered

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

Name of New Registered Agent:

New Registered Office Address:

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.

4420 BEACON CIRCLE

WEST PALM BEACH

WARD DAMON BUSINESS SERVICES LLC

City

Il Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida 33407 Zip Code

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

Title	<u>Name</u>	Address	Type of Action
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			DRcmove
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			bbACi
			□ Remove
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record specifies a is filed.	delayed effective of	late, but not a	n effective t	ime, at 12:01	a.m. on the ear	lier of: (b)	The 90th day after t	he
JUNE 27			2024					
	<i>f</i>	<u>)</u>)		·				
				-				

Filing Fee: \$25.00