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## 185439

	(Requestor's Name)				
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PICK-UI	P WAIT MAIL				
	(Business Entity Name)				
	(Document Number)				
Certified Copies Certificates of Status					
Special Instructions	s to Filing Officer:				

Office Use Only



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## **COVER LETTER**

SUBJECT:	Name of Limit	ted Liability Company	·	
	Amendment and fec(s) are sub-			
Please return all correspo	indence concerning this matter	to the following:		
	Danie	Name of Person	+	
	- Dar	Firm Company	SLLC	
	5811 L	OUISIANA	QV	
	New Por	TECHO	F134652	_
	dandum E-mail address: (1	be used for future annual report not	incation) COM SI SEC	err 1
For further information c	oncerning this matter, please ca	ull:	E	ۇ ئۇ ئىلىدەت قىرىد
Daniel Name o	HUVS+	at (1) 24 Area Code Daytin	19-6635 SSE PHIS: 03	
Enclosed is a check for the	ne following amount:		TE 33	
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	

### Mailing Address:

TO:

Registration Section Division of Corporations

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** 

Oan Oumos IIC

	4101202
The Articles of Organization for this Limited Liability Comp	pany were filed on and assigned
Florida document number <u>L J J () () () X</u>	5434
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
Van's Dumpste	er Kentals LLC
The new name must be distinguishable and contain the worlds "Limited	Liability Company," the designation "LLC" or the abbreviation "L,L,C,"
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRES.	<u> </u>
	<u> </u>
	25 E24
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
P. If a series of the series o	
agent and/or the new registered office address here:	fice address on our records, enter the name of the new registered
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 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
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Effective date (If an effective dat Note: If the dat document's eff	e, if other that te is listed, the da ate inserted in a fective date on	n the date of fi ate must be specific this block does no the Department of	ling: and cannot be of meet the a of State's re	e prior to date of applicable state cords.	tiling or more the	(optionan 90 days after uirements, this	nal) ( filing.) Pursi date will r	Interpretation	20207 (3) ted as the
the record specificord is filed.	ies a delayed e	Tective date, but	not an effec	tive time, at 1	2:01 a.m. on th	e earlier of: (b)	) The 9011	n day afte	er the
Dated DC	cembr	er 12th	2	024	/				
		Signature o	of a member of	r authorized rep	oresentative of a	member			

Filing Fee: \$25.00