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ALLAHASSEE STAFF

A. BUTLER SEP 1 9 2022

COVER LETTER

	istration Section ision of Corporations	
SUBJECT: _	PB&K Dump Service and More LLC Bame of Limited Liability Company	
The enclosed A	Articles of Amendment and fee(s) are submitted for filing.	
Please return a	all correspondence concerning this matter to the following:	
	Aacm L Willer Name of Person	
	Firm/Company	
	2363 Stoney Glen Dr. Address	
	Flaming Island, F/ 3203 City/State and Zip Code	
	12-mail address: (to be used for future annual report notification)	
For further inf	formation concerning this matter, please call:	
Associ	Name of Person at (904) 699 7689 Area Code Daytime Telephone Number	_
Enclosed is a c	check for the following amount:	
\$25.00 Fil	iling Fee \$\Bigcup \\$30.00 Filing Fee & Book Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	OF		Same I from I from
PBQK Dump Socura	e aw ity Company as it n a Limited Liability C	Mose ow appears on o company)	1 K227 SEP 10 00
The Articles of Organization for this Limited Liability C	Company were fil	ed on June.	13 2022 and assigned
Florida document number <u>L27 xx 268112</u>	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability cor	npany here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Comp	any," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDI	RESS)		
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 here:	d office address	on our record	s, enter the name of the new registered
Name of New Registered Agent:	····		
New Registered Office Address:		Enter Florida stre	not address
		izuer rioriaa sire	
	City		, Florida 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>	Name	Address	Type of Action
M <u>GR/A</u> mbr	Aaron Hibler	2363 Stoney Glen Dr. Fleming Estand, Fl 32003	è∄Add
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Note:	If the date inserted	in this block	does not meet	the applicable s	tatutory filing	requirements, t	his date will	not be listed as the
	nent's effective date				, ,	•		
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reco d is f	rd specifies a delaye	d effective da	te, but not an e	ffective time, a	t 12:01 a.m. oi	n the earlier of:	(b) The 90t	h day after the
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Dated		_		·				
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Dated	9/13/22	Sigr	nature of a memb	per or authorized	representative of	of a member		
Dated						of a member		