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SECRETARY OF STATE
TALLAHASSEF FI

COVER LETTER

TO:

	istration Se ision of Cor				
euo irzt	Dump Trail	ers of SWFL LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please returr	all correspo	ndence concerning this matter	to the following:		
		Luca Di Nunzio			
			Name of Person		
		Dorcey Law Firm			
		· · · · · · · · · · · · · · · · · · ·	Firm/Company		
		10181 Six Mile Cypress Pl	kwy, Suite C		
			Address		
		Fort Myers, FL 33966			
			City/State and Zip Code	***	
		support@dffregisteredagent			
		E-mail address: (to be used for future annual report no	dification)	
For further is	nformation c	oncerning this matter, please ca	all:		
Luca Di Nu	nzio		239 308-1073		
	Name o	f Person	Area Code Dayti	me Telephone Number	
Enclosed is	a check for th	ne following amount:			
■ \$25.00 l	filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	iling Addres		Street Address: Registration S	ection	
Registration Section Division of Corporations		-	Division of Corporations		
Р.С	D. Box 632	7	The Centre of	Tallahassee	
Ta	llahassee, l	FL 32314	2415 N. Monr	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dump Trailers of SWFL LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned 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 agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida __

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.

Circ

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
MGR	CLINTON G WELKER	9720 SOUTH SR29	□ Add
		LABELLE, FL 33935	□Remove
			≘ Change
MGR	SIERRA WELKER	9720 SOUTH SR29	🖸 Add
		LABELLE, FL 33935	□Remove
			X Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
		_	□Add
			□Remove
			□Change
			🗖 Add
			□Remove
			□Change

							
							
Effective date, if other than the office of the date is listed, the date must Note: If the date inserted in this blo document's effective date on the Department of the date of the date of the Department of the date o	be specific and ca ck does not mee	nnot be prior t t the applica	to date of filir	ng or more tha	i 90 days after	filing.) Pursuant	to 605,0207 (2 be listed as th
he record specifies a delayed effective ord is filed.	date, but not an	effective tir	ne, at 12:01	a.m. on the	earlier of: (b)) The 90th da	y after the
Dated August 9	、.	2022	·				
/s/ Clinton G We	lker						
-	Signature of a mer	nber or autho	rized represe	ntative of a m	ember		
Clinton G Welker							

Filing Fee: \$25.00