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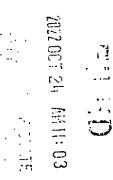
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A. BUTLER
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: J.T's Freedom Dumpster Buntals 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:
Justin Sapala Name of Person
J.Is Freedom Trailer hentals LLE.
8404 Woodhurst.dr.
Tampa, FL 336/5 City/State and Zip Code
T+. Freed T @ Outlook. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tustin at (502) 457 9967  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$\$30.00 Filing Fee & Certificate of Status}\$\$ \text{\$\Bigcup \text{\$\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)}}\$\$ \$\$ \$

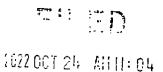
MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



J.Ts Freedom (Name of the Limited Lia (A Fic	Dum pster hentals LLC.  bility Company as it now appears on our records.)  rida Limited Liability Company)
The Articles of Organization for this Limited Liabilit	
This amendment is submitted to amend the following	
A. If amending name, enter the new name of the Land Dump The new name must be distinguishable and contain the words " Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AD	trailer Rentals LLC Limited Liability Company," the designation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or re registered agent and/or the new registered office a	egistered office address on our records, enter the name of the new ddress 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.

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
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			☐ Remove
			Change
			D Add
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			Remove
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<i>—</i>	Signature of a	member or authorize	ed representative of a n	nember	

Page 3 of 3

Filing Fee: \$25.00