## L22000309 546

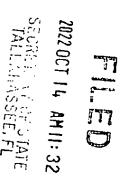
(Re	questor's Name)	
(Add	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	···
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	

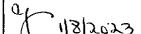
Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporation	
SUBJECT: TOE	Poud Patriot Debris Removal Services LUC Name of Limited Liability Company
The enclosed Articles of Art	sendment and fee(s) are submitted for filing.
Please return all corresponde	ence concerning this matter to the following:
	RChard).Wilkiron Name of Person
	Firm/Company
	1171 Rufus Powers Road
	Glen St. May FL 32040 City/State and Zip Code
-	E-mail address: (to be used for future annual report notification)
For further information conc	erning this matter, please call:
Name of Pe	rson at (AVL) 731-V&76  Area Code Daytime Telephone Number
Enclosed is a check for the f	ollowing amount:
\$25.00 Filing Fee	□ \$30,00 Filing Fee & □ \$55,00 Filing Fee & □ \$60.00 Filing Fee,  Certificate of Status  Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee,  Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Sec	Street Address: Registration Section
11051011411011 Dec	Division of Compantions

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

00:00

(Name of the Limited Liability Comp	any as it now appears on our records.) Liability Company)
·	•
The Articles of Organization for this Limited Liability Company	y were filed on $01121202$ and assigned
Florida document number <u>L2300309546</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The Proud Patrot Lunk & The new name must be distinguishable and contain the words "Limited Liab	Dump Removal Sent Cestle  Collision of the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	SECTION TO
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	FLE
D. If a second in a share registered agent and/on registered office	address on our records, enter the name of the new registere
is. If amending the registered agent and/or registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
<del></del>	, Florida City Zip Code

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

 $\sim \Omega_{\rm to} \sim \sigma T^{-1}$ 

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

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□ Change
			□Add
		Remove	
			☐ Change
			□Add
			□Remove
			☐ Change
		□Add	
		□Remove	
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			□ Remove
			□Change

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Note:	ve date, if other than the date of filing:
he record ord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated_	0000 E SODE .
	Signature of a member or authorized representative of a member
	Rward J. Wilkinson Typed or printed name of signee

Filing Fee: \$25.00