LZZ 000 310778

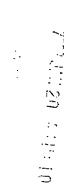
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COVER LETTER

	tegistration Section livision of Corporations	٠,	•		• • ·
	Caplain I francis	110			
SUBJEC'	r: - Combined waste	mited Liability Company			ğ. •
The enclo	sed Articles of Amendment and fee(s) are sul	bmitted for filing.			
Please reti	irn all correspondence concerning this matter	r to the following:			
	Victor	Murphy Name of Person		~	
	Combin	ed waste		_	
	16410 Nu	J 24th AVE Address			01:111:10 02:17 CTM
	Miami Ga	City/State and Zip Code		-	===
	E-mail address:	Ohy 606@gnail. (OM) (to be used for future annual report notifi	ication)		0
For furthe	r information concerning this matter, please	call:			
	1 ct or Murphy Name of Person	at (3 05) 724 -	384t Telephone Numbe		_
Enclosed	is a check for the following amount:				
道 \$2 5.0	0 Filing Fee ☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 F Certified Certified (additional	ate of St d Copy	tatus &
Ī	Mailing Address: Registration Section	Street Address: Registration Sec			
	Division of Corporations	Division of Corp	orations		

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

Combined wa	iste LLC
(<u>Name of the Limited Liability C</u> (A Florida Li	ompany as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number <u>L72 000 31077</u>	pany were filed on $07-17-2022$ 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 "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRES	<u> </u>
	· (
Enter new mailing address, if applicable:	2 û
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	ffice address on our records, enter the name of the new registere
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 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	Anthony Clark	22325 SW 11714 CT APT	/_ 5Add
		Miami, fC 33170	□ Rепюче
			□Change
AMBR	Anthony Clarke	16410 NW 24th AVE	□Add
		Miami Gardens FC	©Remove
		33054	□Change
AMBR	Einst Wilson	6040 Nw ave -	GAdd
		Miami, FL	No. □Remove
		33127	Change
			□Add
			🗆 Remove
			□Change
			Петюче
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ctive date, if effective date is	other than t listed, the date i	he date of filing must be specific and	g: I cannot be prio	r to date of filing	or more than 90 d	ays after filin	g.) Pursua	ınt to 605.020
e: If the date i ament's effect	inserted in this ive date on the	block does not r Department of S	meet the appli- State's records	cable statutory 5.	filing requireme	ents, this da	e will no	t be listed a
cord specifies a filed.	a delayed effec	tive date, but not	t an effective	time, at 12:01 a	.m. on the earli	er of: (b)	The 90th	day after the
ed	C	7-11-202	<u> </u>	·				
		Signature of a	Member or sut	Murch	otive of a member	····		
		organitie of a	memoral or aud	control representa	ative of a member	•		