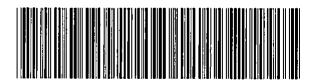


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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAHS	JUNK REMOVAL	AND DENGLITION ited Liability Company	
	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
	idence concerning this matter	-	
rease return an correspon	dence concerning this matter	to the ronowing.	
	MAthia	Name of Person	
		Name of Person	
	MAHS JUN	K REMOVAL and DEMO	litia
	1009 N.17	Address	
		Hollywood f 3 City/State and Zip Code	3020
	MAHL'ACK2		
	E-mail address: (3230 CMAIL.COM to be used for future annual report not	ification)
for further information co	ncerning this matter, please ca	all:	
MAHIAS Name of	Rentin:	at (<u>720</u>) <u>642 -</u> Area Code Daytin	4736
wante of	reison	Area Code 17ayun	ic receptione (value)
Enclosed is a check for the	e following amount:		
□ \$25.00 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)
<u>Mailing Address</u> Registration Se		<u>Street Address:</u> Registration Se	ection
Division of Co	orporations	Division of Co	rporations
P.O. Box 6327 Tallahassee, F		The Centre of 7 2415 N. Monro	Fallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	CME THOLTION
(Name of the Limited Liability Compan (A Florida Limited Li	ability Company)
The Articles of Organization for this Limited Liability Company via Florida document number <u>L. 22.00033.0097</u> . This amendment is submitted to amend the following:	vere filed on July 26, 2022 and assigned
A. If amending name, enter the new name of the limited liabil	ity company here:
BROWARD TUNK AND DEMO	Y Company "the designation "I.I.C."
The new hame must be distinguishable and contain the words. Estimed Establish	
Enter new principal offices address, if applicable:	1009 N 17th Ct 1-follywood Fl
(Principal office address MUST BE A STREET ADDRESS)	33070
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office ac	1009 N 17mct Hollywoodfl 33020 Idress on our records, enter the name of the new register
agent and/or the new registered office address here:	<u> </u>
Name of New Registered Agent:	2024 APR
New Partitional Office Address	
New Registered Office Address:	Enter Florida street address Florida City Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p	

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 adfor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
		□Remove	
		□Change	
			□Add
		□Remove	
			□Change
		□Add	
			□Remove
		□Change	
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(If an effective Note:	e date, if other than the date of filing:
the record cord 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 d.
Dated _	Mantini
	Signature of a member or authorized representative of a member AAAAAA BETAIN' Typed or printed name of signee

TOTAL TO COMMON