## L22000330195

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## **COVER LETTER**

TO:	Registration So Division of Co		est.	,
CHDI		ULING & MORE LLC		
SUBJI	:C1;	Name of Lin	nited Liability Company	····
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		JAMES L WHALEY		
			Name of Person	
		JAY'S HAULING & MOI	RE	
		<del></del>	Firm/Company	
		13325 SW 3RD PLACE		
		<del> </del>	Address	
		OCALA		
		<del></del>	City/State and Zip Code	
		FLORIDA 34481		
			to be used for future annual report no	otification)
For fur	ther information c	concerning this matter, please c	all:	
JAME	S L WHALEY		352 209-6503	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclos	ed is a check for th	he following amount:		
<b>≘</b> \$2	5.00 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)
	Mailing Address Registration S		Street Address: Registration S	ection
	Division of C	Corporations	Division of Co	
	P.O. Box 632		The Centre of	
	Tallahassee, l	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JAY'S HAULING & MORE LLC					
(Name of the Lin	ited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited	- ·	were filed on 07/26/2022	aı	nd assigned	i
Florida document number L22000330195	·				
This amendment is submitted to amend the fo	llowing:				
A. If amending name, enter the new name	of the limited liah	oility company here:			
N/A					
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviati	on "L.L.C."	
Enter new principal offices address, if appl	icable:	N/A			
Principal office address MUST BE A STRE	ET ADDRESS)				
Enter new mailing address, if applicable:		N/A			
Mailing address MAY BE A POST OFFICE	E BOX)				—
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office : ess here:	address on our records, <u>enter the</u>	name of th	ت	iste
Name of New Registered Agent:	JAMES L WH	ALEY	· · · · · · · · · · · · · · · · · · ·	∵ : -	<u> </u>
New Registered Office Address:	13325 SW 3RD	PLACE	<u> </u>	Pi	13
		Enter Florida street address		2	<u> </u>
	OCALA	. Floric	ta <u>34481 🚉</u>	 ယ္ . (fi	
		City	Zin	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.

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	ALEXIS A WHALEY	13325 SW 3RD PLACE	
		OCALA, FL 34481	■Remove
			□ Change
MGR	JAMES L WHALEY	13325 SW 3RD PLACE	BAdd
		OCALA, FL 34481	□Remove
			□ Change
	<del></del>		□Add
		<del></del>	□Remove
			□Change
<del></del>			□Add
			□Remove
			□ Change
	<del></del>		□Add
			Remove
			□ Change
	<del></del>		□Add
			Remove

(If an et Note:	tive date, if other than the date of filing:  [11/21/2022]  (optional)  Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t ment's effective date on the Department of State's records.
he reco ord is f	rd 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 iled.
Dated	11/21/2022
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

. . . .

Filing Fee: \$25.00