L22000354385

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
C.:;

Office Use Only



300437133013

2024 OCT - 1 PM 1:1

COVER LETTER

.....

Registration Section Division of Corporations

TO:

SUBJECT:	Magic dumpst	ers llc				
· · · · · · · · · · · · · · · · · · ·	Name of Lim	ited Liability Company				
The enclosed Articles of	`Amendment and fee(s) are sub	mitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
		Taiyu Shawn Kaneko				
		Name of Person				
		Magic Dumpsters 11c	for filing. following: yu Shawn Kaneko Parme of Person c Dumpsters 11c Firm/Company benoit ave Address Florida 32836 State and Zip Code mi roofing@gmail.com at (321) Area Code Daytime Telephone Number S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) Street Address: Registration Section Division of Corporations The Centre of Tallahassee			
		Firm/Company				
	8724 benoit ave					
		Address				
	Or	lando,Florida 32836				
		Shawnmiroofing@gmail.com				
	E-mail address: (to be used for future annual report no	tification)			
For further information	concerning this matter, please c	all:				
Taiyu Sh	awn kaneko	at ()				
Name (of Person	Area Code Dayti	me Telephone Number			
Enclosed is a check for t	he following amount:					
\$25.00 Filing Fee ■	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy			
<u>Mailing Addre</u> Registration			ection			
Division of Corporations		Division of Corporations				
P.O. Box 63: Tallahassee,			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	OF	•	202	1400 FILED
Мас	gic Dumpster	llc	13/9	PH ,
(Name of the Limited L (A F	iability Company Torida Limited Lia	y as it now appears on our ability Company)	records.)	PHOCI-I PH 1:16
The Articles of Organization for this Limited Liabil Florida document number		8/1120 इत्ह्रिक्तिक्षिण् <mark>च or1and</mark>		
This amendment is submitted to amend the following				
A. If amending name, enter the new name of the	<u>limit</u> ed liabili	ty company here:		
Maxxhaul tra		_		11 22 91 1 2 9
The new name must be distinguishable and contain the words	"Limited Liability			
Enter new principal offices address, if applicable	2:	8724 Benoit ave	Orlando,Flo	rida 32836
Principal office address MUST BE A STREET A	DDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u>v)</u>	8724 Benoit ave O	rlando,Flor	ida 32836
B. If amending the registered agent and/or regis agent and/or the new registered office address he		dress on our records,	enter the na	me of the new registere
Name of New Registered Agent:		Taiyu Shawn Kanek	0	
New Registered Office Address:	8724 в	enoit ave Orlando,F		6
	Or	Tando		32836
_		City	, Florida _	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.

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
ArioK .	Trevor Thayer	8601 lsu lane Orlando FL 32817	□Add
			X⊓Remove
			□Change
.,			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
			Change

			····				
		<u> </u>					
		<u></u>			· • · · · · · · · · · · · · · · · · · ·		
				-	· · · · · · · · · · · · · · · · · · ·		
	10101						
					"		
							
				·			
		·					
	·						
							
(If an effective of Note: If the	ate, if other than the date is listed, the date mus date inserted in this bl- effective date on the De	t be specific and cannot tock does not meet the	ne applicable stat	f filing or more that autory filing requ	(optiona in 90 days after fili direments, this da	ng.) Pursuant to 605.	.0207 (: :d as tl
he record spec ord is filed.	cifies a delayed effectiv	e date, but not an ef	fective time, at 1	2:01 a.m. on the	earlier of: (b)	The 90th day after	the
Dated	9/12		2024 .				
			7	la-			
_		Signature of a member	er or authorized rep	oresentative of a n	nember		
		Taivo	Shawn Kaneko	1			
			d or printed name		_		