L22000391801

	(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	o Filing Officer:





500394656255

09/19/22--01003--027 **55.00

22 SEP 19 FH 2: 09

TOTAL TO AN SECTION

CORPORATE

When you need ACCESS to the world

ACCESS	•
---------------	---

INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

•	VALKIN		
PICK UP:	9/19 DANN	<u>Y</u>	
ОРҮ			
·· ········			
LLC	AMEND		
ND DOCUMENT #)			 W- 11
ND DOCUMENT #)			
		<u> </u>	 .,

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 SEP 19 AM 9: 02

JEHOVA JIREH'S DUMP TRUCK.LLC

(Name of the Limited Liability Company as it now appears on our records) ALLAHASSEL (
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability C	Company were filed on 09/07/2022	and assigned
Florida document number 1.22000391801	<u> </u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company." the designation "LEC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regist	A I CO N	_
B. If amending the registered agent and/or registered agent and/or the new registered office address	tered office address on our records, ress here:	enter the name of the no
Name of New Registered Agent:		
New Registered Office Address:	-	
New Registered Office Address.	Enter Florida street address	
	Flori	do.
		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 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>	Name	<u>Address</u>	Type of Action
AMBR	DAVID PIERRE LOUIS	7962 VILLAGE GREEN RD	
		ORLANDO, FL 32818	= Add
			□ Remove
			Change
			
		 -	□ Remove
			Change
			Remove
			Change
			D Remove
			Change
			D Add
			□ Remove
			□ Change
			Remove
			Change

ۀ 				
				
·				
			<u> </u>	
		· ·		
			·	
	· · · · · · · · · · · · · · · · · · ·		<u></u>	-21
				2022 S
			LL A	SE JU
			HAS HAS	9 #
-			037. (TEV)	3 17
				الكارية
	,			
				
				
ective date, if other than the da	te of filing:		(optional)	
effective date is listed, the date must be e: If the date inserted in this block	specific and connet be prior to	date of filing or more than		Pursuant to 605.02
ument's effective date on the Depa	rtment of State's records.	are amounty ming require	omenis, ans gate w	in not be listed
	er			
record specifies a delayed e he 90th day after the record	rective date, but not it is filed.	an effective time, a	t 12:01 a.m. o	n the earlier
a				
ed September 16	. 2022			
	Che Che) - ·	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00