L22000411024

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COVER LETTER

	of Corporations	?	ŗ	
Vikin SUBJECT:	ng Trash Haulers, LLC			
30bJEC1:	Name of I	Limited Liability Company		
			U23 F	
The enclosed Artic	des of Amendment and fee(s) are	submitted for filing.	10 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5	
Please return all co	orrespondence concerning this mat	tter to the following:	12.11	
	Ericson Rodriguez			
		Name of Person		
	Viking Trash Haulers, I	LLC		
		Firm/Company		
	190 SW Exmore Ave			
		Address		
	Port St Lucie, FL 34983	3		
	·	City/State and Zip Code		
	vikingtrashhaulers@gma			
For further informa	E-mail addres ation concerning this matter, pleas	ss: (to be used for future annual report not e call:	(fication)	
Ericson Rodriguez		561 723-7855		
N	Same of Person	Area Code Daytim	e Telephone Number	
Enclosed is a check	t for the following amount:			
■ \$25.00 Filing I	Fee S30.00 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 A</u> Registrat	.ddress: tion Section	Street Address: Registration Se	ction	
Division of Corporations		Division of Corporations		
P.O. Box		The Centre of T		
Lallahas	see, FL 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Viking Trash Haulers, LLC	·
(Name of the Limited Liability Company as it now appears on ou (A Florida Limited Liability Company)	••
The Articles of Organization for this Limited Liability Company were filed on 09/20/202	2
Florida document number L22000411024	
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	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
Thurs wants MAT BL AT UST OFFICE BUSY	
	· · · · ·
B. If amending the registered agent and/or registered office address on our records agent and/or the new registered office address here:	, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida stree	t address
<u>-</u>	Florida

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.

Citv

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
D	Erieson Rodriguez	190 SW Exmore Ave, Port St Lucie, FL 34983	= Add
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		 	□Change
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(If an effective date is Note: If the date i	other than the date of listed, the date must be spenserted in this block do we date on the Departm	ecific and cannot be ses not meet the ar	prior to date of filing opticable statutory	or more than 90 days at	otional) der filing.) Porst his date will n	aant to 605,0207 (ot be listed as t
he record specifies a ord is filed.	delayed effective date,	but not an effecti	ve time, at 12:01 a	.m. on the earlier of:	(b) The 90th	day after the
Dated	/	ere of a member or	authorized represents	stive of a member		_
		Pricson Ro	authorized representation			

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Filing Fee: \$25.00