

1220000437604

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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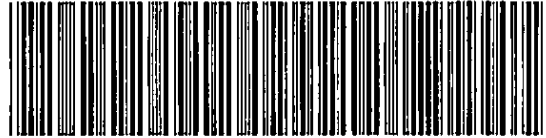
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 239 Dump, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing

Please return all correspondence concerning this matter to the following:

Luke Perry

Name of Person

239 Dump, LLC

Firm Company

5568 Six Mile Comm Ct Apt. 111

Address

Fort Myers, FL 33912

City, State and Zip Code

luke@239dump.com

E-mail address (to be used to future annual report notification)

For further information concerning this matter, please call:

Luke Perry

724 219-9556
at ()

Name of Person

Area Code

Office Telephone Number

Enclosed is a check for the 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)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

SECRETARY OF STATE
TALLAHASSEE, FL

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

239 Dump, LLC

*(Name of the limited liability company as it appears on the
Articles of Organization Certificate)*

The Articles of Organization for this Limited Liability Company were filed on October 11, 2022 and assigned
Florida document number L22000437604.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

(If the name of the limited liability company is being changed, please enter the new name here.)

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)

B. If amending the registered agent or the registered office address, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

(Please Print or Type Name)

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act for the company. I further agree to comply with the provisions of all statutes relative to the proper and complete preparation, filing, and maintenance 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 merely to effect 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

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TALLAHASSEE, FL

Members who have been added, changed, or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Pres	Grace Rudy	5568 Six Mile Comm Ct	☐ Add
		Apt 111	☐ Remove
		Fort Myers, FL 33912	☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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TALLAHASSEE, FL

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TALLAHASSEE, FL

document's effective date on the Department of State's records.

Dated 10/16/2022

Sube H.

[illegible]

Filing Fee: \$25.00