L22000437604

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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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
(Required for future annual report notification)

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TALLAHASSEE, FL

For further information concerning this matter, please call:

Luke Perry at (724) 219-9556
Name of Person Area Code Daytime 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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

239 Dump, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "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)

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B. If amending the registered agent and/or registered office address on our records, 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:
(Florida street address)

City, **Florida** 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

The following individuals are hereby added to or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
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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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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TALLAHASSEE, FL

E. Effective date, if other than the date of filing: ______________________________ (optional)
[illegible]
Note: [illegible]
document's effective date on the Department of State's records.

If the record specifies a delayed effective date, [illegible] The 90th day after the record is filed.

Dated 10/16/2022

[signature]
Signature of a member or [illegible] representative of a member

Luke Perry
Typed or printed name of signee

Filing Fee: $25.00