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2022 NOV -7 AMII: 2 SECRETARY OF STATE

## **COVER LETTER**

· TO:

	ration Secon of Corp			
SUBJECT: _	Zer	Deda Dungs-	ler Sevulus LUC imited Liability Company	<u> </u>
The enclosed A	rticles of .	Amendment and fee(s) are si	ubmitted for filing.	
Please return al	Leorrespoi	ndence concerning this matte	er to the following:	
		Andres 7	Repeda Salcedo e	SR
		Zepeda I	Dumpster Services	ill
		1703 Litt1	e SpringHill Dr.	
			347 al City/State and Zip Code	
		ABSLLC9	7 @ GMail. 10M:	7
For further info	rmation co	oncerning this matter, please	•	vection)  ASSUME SALES  ASSUME
Sheila	Mu Name of	C JEZUMA Person	at ( <u>UU7</u> ) <u>341-</u> Area Code Daytime	
Enclosed is a cl	neck for th	e following amount:		
S \$25.00 Fili	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regis	ig Address tration S	ection	Street Address: Registration Sec	
	ion of Co Box 632	orporations 7	Division of Corp The Centre of Ta	
		, L 32314		Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2 epeda Domos (Name of the Limited Liability	Stev Sevice Company as it now appears o	n our records.)	<u> </u>
(A Florida I	Limited Liability Company)		
The Articles of Organization for this Limited Liability Co Florida document number <u>L 27 060448</u> 7	impany were filed on _ $9 \omega$	10 18 2022 ar	nd assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company here	:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the desig	gnation "LLC" or the abbreviati	on "L.L.C."
Enter new principal offices address, if applicable:	<del></del>	.,	
(Principal office address MUST BE A STREET ADDRI	ESS)		
		7E	027
			Z: '-;
		7-1	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		<u>က</u> ဲ့ တွင်	
	<del></del>	rnich Dien	
	<del></del>	בור בי	- 100
B. If amending the registered agent and/or registered	office address on our reco	ords, enter the name of th	e new registered
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	Enter Florida	street address	
		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 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
AMBR	Andres Zeped Salcedo Sz.	1703 Little Spring Hill Dr. OLURE FL 34761	_ EVAdd
	·		□Remove
			Change
			_ □Add
			□Remove
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			□Add
		SECRETIAN	Change 1
			- Add
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fective date, if other than on effective date is listed, the date	the date of filing:	nnot be prio	to date of filing or mor	(op	tional) ter filing.) Pur	suant to (4)5.020
ote: If the date inserted in thi connent's effective date on th	is block does not mee	t the applic	cable statutory filing			
ecord specifies a delayed effer is filed.	ective date, but not ar	i effective t	ime, at 12:01 a.m. or	the earlier of:	(b) The 90	th day after the
ned <u>bliber 21</u> Andn	e & 2a Ol	zorr da	<u>*</u> .			
- 111	<u> </u>	(				

. . . . .

Filing Fee: \$25.00