## 122000465275

(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 Filing Officer:

Office Use Only

A. RIVERS FEB - 3 2023



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11/14/22--01020--009 \*\*25.00

SELECTION OF AM 8: 27



## \*\*\*IMPORTANT NOTICE\*\*\*

# PLEASE SEND ALL DOCUMENTS – APPROVED OR REJECTED TO THE ADDRESS BELOW.

## INC AUTHORITY ATTN: CORPORATE MAINTENANCE LEAD

1450 VASSAR ST

RENO, NV 89502

OR

RETURNDOCS@INCAUTHORITY.COM

TO: PHYSICAL: Dept. of State

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

MAILING: Dept. of State

Division of Corporations

Corporate Filings P.O. Box 6327

Tallahassee, FL 32314

FROM: National Corporate Headquarters, Inc.

1450 Vassar St Reno NV 89502 (800) 638-2320 (775) 329-0852

DATE: Tuesday, November 08, 2022

SENT VIA USPS

To Whom It May Concern:

Attached, please find the following document(s):

Articles of Amendment
 For MR. PIG'S DUST BUSTERS, LLC

We have included payment in the amount of \$\frac{\si257.00}{2}\text{for the following fees:

• Filing Fee

We have included one original and one copy.

If there are any questions, please call 800-638-2320

## Please return the file stamped copy of Amendment to Articles of Organization to the address below:

Processing Department 1450 Vassar St Reno NV 89502

### **COVER LETTER**

10:	Division of Corp				
SUBJE	ст: <u>MR. PIG'</u> S	S DUST BUSTERS, Lt Name of 1 im	_C ited Liability Company		
The enc	lased Articles of A	mendment and fee(s) are sub	mitted for filing		
		dence concerning this matter	_		
			·		
		Corporate Maintenance Lead			
			Name of Person		
		Processing Department			
			Firm Company		
	1450 Vassar St				
			Address	······································	
			Reno, NV 89502		
			City State and Zip Code		
		VIMAYPOSCO Handladdress: (	OMAIL CONT	otification)	
For furt	her information cor	ncerning this matter, please co	ची:		
	Processi	ng Department	at ( 800) 638-232	0	
	Name of	- <del></del>		me Telephone Number	
Enclose	d is a check for the	following amount:			
☑ \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy raddmonal copy is enclosed)	
		NG ADDRESS:	STREET/COUR Registration Sect	RIER ADDRESS:	

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

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, F1, 32301

11/4/2022 3:35 PM FROM: Office Depot #24

P. 2 / 4

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MR. PIG'S	S DUST BUSTERS, LLC	
( <u>Name of the Eimited Liabili</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability C	ompany were filed on 10/20/22	and assigned
Florida document number <u>L22000465275</u>	_ <del></del> ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nted Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		## <del>***********************************</del>
(Principal office address MUST BE A STREET ADDR	RESS)	<del></del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or regis	tered office address on our records, ente	r the name of the new
registered agent and/or the new registered office add		· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent:		
Nat Banistand Office Address.		
New Registered Office Address:	Enter Florida street address	200
	B) (1	POZZ NO
<del></del>	, Florida,	Zip Code
New Registered Agent's Signature, if changing Registered	d Agent:	18 18 18
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent of		
t hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and co accept the obligations of my position as registered as being filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance of my duties, and Lan gent as provided for in Chapter 605, F.S. O	ı familiai - เริ่น กล <b>ล</b> r. if this docume <b>หา</b> ร
	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

Title	<u>Name</u>	Address	Type of Action
MGR_	Zelcia Johnson	1214 Labelle Street Apt 274	
		Jacksonville	
		FL, 32205	Change
MGR	Valicia Johnson	1214 Labelle Street Apt 274	
		Jacksonville	□ Remove
		FL, 32205	Change
			Add
			Remove
			Change
		····	Add
			□ Remove
			Change
			Add
			□ Remove
			Change
<del></del>			
			□ Remove
			Change

D. It amending an	ny other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	
<del></del>	
<u> </u>	
<del></del>	
<del>-</del>	
<del> </del>	
<del></del>	
Note: If the date	if other than the date of filing: N/A (optional) (is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)the inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the trive date on the Department of State's records.
	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: y after the record is filed.
Dated 11/L	122 12.00
<del>\( \)</del>	Signature of a member or authorized representative of a member
	Valicia Johnson
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

### **COVER LETTER**

TO: Registration So Division of Cor					
subject: <u>MR, PIG</u>	'S DUST BUSTERS, LI Name of Lim	_C ited Liability Company	— <del>12.2</del> ———————————————————————————————————		
	Amendment and feets) are sub	-			
Please return all correspo	ndence concerning this matter	to the following:			
	Corpor	ate Maintenance Lea	ad		
		Name of Person			
	Processing Department				
	Firm Company				
	,	1450 Vassar St			
Address					
		Reno, NV 89502			
City State and Zip Code					
	Vymayrosco	OVMail COVI To be used for future annual report notific	cution)		
For further information c	oncerning this matter, please of				
t wi funde, militarian e	oncerning this matter, parties of				
	ing Department	at ( 800 ) 638-2320	····		
Name o	f Person	Area Code Daytime	Telephone Number		
Enclosed is a check for the	ne following amount:				
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed:	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
MAII	IVO ADDDESS.	STREET/COURTE	TD ADDDESS.		

MAILING ADDRESS:

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

#### STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301