Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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From:

Account Name : WILSON TAX & ACCOUNTING INC.

Account Number : I20150000107 Phone

: (941)625-1925

Fax Number

: (941)625-1526

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

jasonwarram@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BLUE DIAMOND DADDY DUMPSTERS LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

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

BLUE DIAMONI			C
(Name of the Limited Liability (A Florida Li	Company as it now appea	rs on our records.)	
he Articles of Organization for this Limited Liability Com		11/09/2022	and assigned
lorida document number <u>L22000480460</u>			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited	i liability company he	ere:	
he new name must be distinguishable and contain the words "Limited	Liability Company," the c	lesignation "LLC" or the abb	previation "L.L.C."
Inter new principal offices address, if applicable:			20
Principal office address MUST BE A STREET ADDRES	SS)		2.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1
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inter new mailing address, if applicable:			<u>क</u> कंष्म्रव
Mailing address MAY BE A POST OFFICE BOX)		· • • • • • • • • • • • • • • • • • • •	- >5
Same as MAT DE THOSE OF THE BOAT		- ·	<u> </u>
If amending the registered agent and/or registered of gent and/or the new registered office address here:	Mice address on our r	ecords, <u>enter the name</u>	of the new regis
Name of New Registered Agent:			
New Registered Office Address:			· · · · · · · · · · · · · · · · · · ·
	Enter Flor	rida street address	
	City	, Florida	Zip Code

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with th 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 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>	Name	Address	Type of Action
AMBR	JASON WARRAM	1383 SAN CRISTOBAL AVE.	X Add
		PUNTA GORDA, FL 33983	□Remove
			∑ Change
AMBR	JESSICA O'SELL	1383 SAN CRISTOBAL AVE.	
		PUNTA GORDA, FL 33983	□ Remove
			□ Change
			□Add
			□Remove
			Change
			
			Change
	···		□Add
			□ Rепюче
			□Change
			□Add
			□Remove

□ Change

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	e date, if other than the date of filing: (optional) tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing		n 605 0202
Vote:	f the date inserted in this block does not meet the applicable statutory filing requirements, this date nt's effective date on the Department of State's records.	will not b	listed as
record d is fil	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) Tid.	he 90th day	after thè
Dated_	DECEMBER 22 , 2022 .		

Typed or printed name of signee