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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SODL & INGRAM PLLC

Account Number : I20190000071 Phone : (904)257-5777

Fax Number : (904)347-2738

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

Fmail:	Address:			
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ARTICLES OF ORGANIZATION **OF**

he Articles of Organization for this Limited Liability Company lorida document number	were filed on $\frac{01/06/2023}{}$ and assign	gned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L	.C."
·		
nter new principal offices address, if applicable:	50 SILVER FOREST DR #203	
• •	50 SILVER FOREST DR #203 ST. AUGUSTINE, FL 32092	
nter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) nter new mailing address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	ST. AUGUSTINE, FL 32092	

Name of New Registered Agent:	SODL & INGRAM PLLC			
New Registered Office Address:	1617 SAN MARCO BLVD			
	Enter Florida street address			
	JACKSONVILLE	, Florida ³²²⁰⁷		
	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 William Gibbs, Authorized Person

Э 12/06/2023 8:19 AM
19

19043472738 → 18506176383

pg 3 of 4

If amending Authorized Person(s) authorized to manage, enter the fifte, 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
MGR	GRAMBO'S MANAGER LLC	50 SILVER FOREST DR #203	□ Add
		ST. AUGUSTINE, FLORIDA 32092	□Remove
			XIChange
			🗆 Add
			ORemove
			Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
	((()	H23000407440 3)))	□Change

D. If amending an	y oth information, enter change(s) here: (Attach additional sheets, if necessary.)
	
<u> </u>	
	
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Note: If the date	fother than the date of filing:
the record specifies cord is filed.	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	December 4 2023
- Tes	Signature of a member or authorized representative of a member
Frank	Graham, Authorized Representative
	Typed or printed name of signee