

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : TAXPEOPLE LLC  
Account Number : I20200000160  
Phone : (772)460-1000  
Fax Number : (772)777-3071

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

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
UP DUMPSTER CONSTRUCTION AND SERVICES LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
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M. SOLOMON

MAY 22 2023

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: UP DUMPSTER CONSTRUCTION AND SERVICES 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:

CLAUDIO TOLEDO RIBEIRO

Name of Person

TAXPEOPLE, LLC

Firm/Company

2855 SW BRIGHTON ST

Address

PORT LUCIE, FL 34953

City/State and Zip Code

info@taxpeoplefl.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Claudio Toledo Ribeiro

772

460.1000

at ( )

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

CLERK OF STATE  
TALLAHASSEE, FL 32303

2023 MAY 19 AM 10:47

FILED

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

UP DUMPSTER CONSTRUCTION AND SERVICES LLC

SUBJECT: (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 01/09/2023 and assigned Florida document number **L23000017209**

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: 1573 SW Escobar Ln  
Port St Lucie, FL 34953  
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 1573 SW Escobar Ln  
Port St Lucie, FL 34953  
(Mailing address MAY BE A POST OFFICE BOX)

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: TAXPEOPLE, LLC

New Registered Office Address: 2855 SW BRIGHTON ST  
Enter Florida street address

PORT ST LUCIE Florida 34953  
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

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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>	<u>Address</u>	<u>Type of Action</u>
AMBR	FIRST NAME: AMANDA LETICIA LAST NAME: LIMA SOUTO	1573 SW Escobar Ln Port St Lucie, FL 34953	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> X Change
			<input type="checkbox"/> Add

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

EIN # 93-1441233

2023 MAY 19 AM 10:47

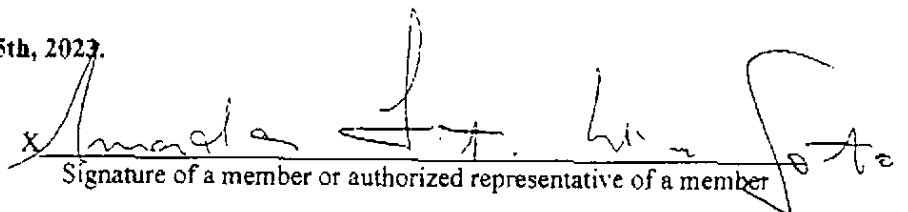
FILED

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date 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)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed

Dated May 15th, 2023.

  
Signature of a member or authorized representative of a member

AMANDA LETICIA LIMA SOUTO

Typed or printed name of signee