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## **COVER LETTER**

TO: Registration Division of C			
SUBJECT:	MC JUNK Name of Lim	REMOUAL ited Liability Company	<u> </u>
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	MORDE	Name of Person	<u>.</u>
	GMC JO	Firm/Company	1AL
	6700 N	1W 47 LAC	
	LAUDER	HILL FLORIDI City/State and Zip Code	1 33319
			rs @g Mail. com
For further information	n concerning this matter, please co	all:	
MORDEO Nam	AI HYAMS e of Person	at (347) 52 Area Code Daytin	5 7998 ne Telephone Number
Enclosed is a check fo	r the following amount:		
2 \$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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GMC JUNK R	EMOUAL
( <u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C	Company were filed on $02/23/2023$ and assigned $0$ .
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	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	RESS)
Enter new mailing address, if applicable:	2023 A
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
B. If amending the registered agent and/or registered	d office address on our records, enter the name of the new registered
agent and/or the new registered office address here:	ATE #
Name of New Registered Agent:	
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

Title	<u>Name</u>	Address	Type of Action
MGR	MORDECAL HYAMS	6700 NW 47" PLACE	Add
		LAUDERHILL FLORIDA	□Remove
		33319	□Change
	<del></del>		□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		<del>-</del>	🗀 Add
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			□Change
	<del></del>		🗆 Add
			□Remove
			Change
<del></del>			□Add
			□Remove
			□Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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an effi i <u>ote:</u>	ve date, if other than the date of filing:
recore Lis fil	i 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 ed.
ated .	AUG/B/2023.
	A
	Signature of a member or authorized representative of a member
	MORDECAI +/YAMS Typed or printed name of signee
	Typed or printed name of signee

Filing Fee: \$25.00