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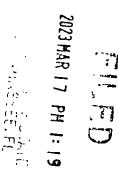
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

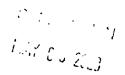
Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor		•	
SUBJECT:	J3J Dump R Name of Limi	entals L.L.C ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subt	mitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	<u>Jaime</u>	Ve 92 Name of Person	
		Firm/Company	
	2845	Running Brook Circ.	k
	Lissim Jaime N Ve	City/State and Zip Code 292 66 @ G mail com Code used for future annual report notific	/
For further information c	oncerning this matter, please ca		,
Jaime V Name o	1922 Everson	at (<u>407</u>) <u>243 -</u> Area Code Daytime	7595 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 (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

JJ Dump	Restals L.L.C	
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our record ted Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L 23 0001.)7111</u> .	any were filed on <u>2/28/22</u>	and assigned
This amendment is submitted to amend the following:		20
A. If amending name, enter the new name of the limited I	liability company here:	2023 HAR
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	O P (III
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, enter	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	S
	, Flo	orida
	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	Name	Address	Type of Action
<u>AMBR</u>	Jaime Vega	2845 Running Brook Circle	🗹 Add
		2845 Running Brook Circle Kissimmee Fl, 34744	□Remove
			□Change
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			Remove
			Change

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lf an effect <u>Note:</u> If	e date, if other than the date of filing:
documen	
e record s	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
e record s rd is filed	
e record s rd is filed	March 15 th , 2023 .
e record s rd is filed	