

L23000125866

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

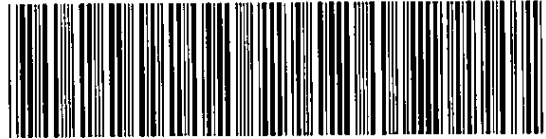
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 23, 2023

JASON KRAKER  
801 NW 97TH TERRACE  
PEMBROKE PINES, FL 33024

SUBJECT: GREEN OPS DISPOSAL, LLC  
Ref. Number: L23000125866

We have received your document for GREEN OPS DISPOSAL, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE COMPLETE APPLICATION.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6053.

Yvette Scott  
Supervisor

Letter Number: 623A00016461

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Green Ops Disposal, 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:

Jason Kraker

\_\_\_\_\_  
Name of Person

Green Ops Disposal, LLC

\_\_\_\_\_  
Firm/Company

801 NW 97th Terrace

\_\_\_\_\_  
Address

Pembroke Pines, FL 33024

\_\_\_\_\_  
City/State and Zip Code

jason@greenopsdisposal.com

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

For further information concerning this matter, please call:

Jason Kraker

414 588-8842

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

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

GREEN OPS DISPOSAL, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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DIVISION OF CORPORATIONS  
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The Articles of Organization for this Limited Liability Company were filed on 3/23/23 and assigned  
Florida document number L23000125866.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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:

(Principal office address MUST BE A STREET ADDRESS)

4301 S FLAMINGO RD  
STE 106 PMB 2150  
DAVIE, FL 33330

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4301 S FLAMINGO RD  
STE 106 PMB 2150  
DAVIE, FL 33330

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:

JASON KRAKEL

New Registered Office Address:

801 NW 97 TERRACE

Enter Florida street address

PEMBROKE PINES, Florida 33024

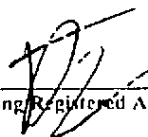
City

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Kalen Fitter	600 NE 27th Street	<input checked="" type="checkbox"/> Add
		#3205	<input type="checkbox"/> Remove
		Miami, FL 33137	<input type="checkbox"/> Change
AMBR	Jonathan Woodard	5201 SW 99th Ct	<input checked="" type="checkbox"/> Add
		Miami, FL 33165	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Nick Wool	9771 NW 25th Ct	<input checked="" type="checkbox"/> Add
		Sunrise, FL 33322	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jason Kraker	801 NW 97th Terrace	<input type="checkbox"/> Add
		Pembroke Pines, FL 33024	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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**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.

NOVEMBER

Dated. 22, 2023

Signature of a member or authorized representative of a member

JASON KEAKER

Typed or printed name of signee

**Filing Fee: \$25.00**