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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Consideration to Ellis Office
Special Instructions to Filing Officer:





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06/25/24--01012--018 **25.00

7/11/24

COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

TO:	Registration Se Division of Co			
SUBJEC		RIDA ROLL OFF LLC		
SUBJEC	L1:	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		VICTOR VERDI PA		
			Name of Person	
		VERDI ASSOCIATES GE	ROUP LLC	
			Firm/Company	
		9681 NW 58TH COURT		
			Address	
		PARKLAND, FLORIDA	33076	
			City/State and Zip Code	
		vieverdi@comeast.net		
6 6 .1			to be used for future annual report noti	fication)
For furth	ier information (concerning this matter, please c	all:	
VICTO	R VERDI PA		732 829 8397 at ()	
	Name o	of Person	at () Area Code Daytim	e Telephone Number
Enclosed	d is a check for t	he 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 Addre Registration Division of (Section	Street Address: Registration Sec Division of Cor	

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MID FLORIDA ROLL OFF LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our reco ited Liability Company)	rds.)
The Articles of Organization for this Limited Liability Comp	oany were filed on 04/20/2023	and assigned
Florida document number L 23000195799		
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 "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<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 of	fice address on our records, <u>ente</u>	er the name of the new registe
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
- · · · · · · · · · · · · · · · · · · ·	Enter Florida street addr	ress
		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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	JOHN LAGRECA	16915 HARRIERRIDGE PLACE	≘ Add
		LITHIA, FLORIDA 33547	□Remove
AMBR	MICHAEL LAGRECA	16915 HARRIERRIDGE PLACE	= Add
		LITHIA, FLORIDA 33547	□Remove
			□Change
			□Add
			□Remove
		-	□Change
			□Add
			□Remove
			□ Change
			□Add
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ective	date, if other	than the date of the date must be spec-	f filing:		CT:	(option	nal)	
<u>te:</u> If	the date inserted	l in this block doe	es not meet the ap	pplicable statu	tuing or more that tory filing requ	n 90 days after fi irements, this (ding.) Pursuant to date will not be	605.0207 listed as
cumen	's effective date	on the Departme	ent of State's rec	ords.				
ecord s is filed	pecifies a delayo	ed effective date,	but not an effecti	ive time, at 12	:01 a.m. on the	earlier of: (b)	The 90th day	after the
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		/	///	1/2			_	-
	1	Signatu	re of a thember or	authorized repr	esentative of a m	ember		- :
	DAVID LEE	White						
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Filing Fee: \$25.00

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