L23000242196

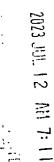
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COVER LETTER

Division of Cor			
, EJP Waste I	Enterprises LLC	·	
SUBJECT:	a	u	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jason Purdy		
		Name of Person	
	EJP Waste Enterprises LLC		
		Firm/Company	
	4747 Carlisle Rd		
		Address	
	Jacksonville, FL 32210		
		City/State and Zip Code	
	jasonjpurdy@gmail.com		
	E-mail address: (to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please ca	all:	
Iason Purdy		850 287-2697	
		at ()	Telephone Number
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	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

2023 JUL 12 AM 7: 11

EJP Waste Enterprises LLC

(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 ______ Florida document number L23000242196 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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: New Registered Office Address: Enter Florida street address , Florida City

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

MGR = Manager AMBR = Authorized Member							
<u>itle</u>	<u>Name</u>	Address	Type of Action				
MGR	Lauren V Purdy	4747 Carlisle Rd	□Addi				
		Jacksonville, FL 32210	(
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n effective date is listed, the date m te: If the date inserted in this	ust be specific and cannot be p	orior to date of filing or mi	ore than 90 days after filin g requirements, this dat	g.) Pursuant to 605.020 e will not be listed a
cument's effective date on the	Department of State's reco	rds.		
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ecord specifies a delayed effect is filed.	ve date, but not an effective	/e time, at 12:01 a.m. o	on the earlier of: (b)	he 90th day after the
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June 28	2023	·		
	, 2023 ,,	·		
June 28	Signature of a member or a	uithorized representative	of a member	

Filing Fee: \$25.00