## L23000290900

(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.
Special instructions to 1 ming Officer.

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2023 AUN 29 AU 9: 03

c/ 9/17/2023

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

SUBJECT: <u>CASHME</u>	RE CARTING LLC		
SOURCE SACRIME		ited Liability Company	<del></del>
The enclosed Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	idence concerning this matter	to the following:	
	Corpor	ate Maintenance Lea	ad
		Name of Person	
	Processing Department		
		Firm/Company	
	1	1450 Vassar St	
	<del> </del>	Address	<del></del>
		Reno, NV 89502	
		City/State and Zip Code	
		to be used for future annual report notifi	cation)
For further information co	ncerning this matter, please co	all:	
Processi	ng Department	at (800 ) 638-2320	
Name of		Area Code Daytime	Telephone Number
Enclosed is a check for the	e following amount:		
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registra	NG ADDRESS: ation Section of Corporations x 6327	STREET/COURI Registration Section Division of Corpora Clifton Building	1

2661 Executive Center Circle Tallahassee, FL 32301 TO: PHYSICAL: Dept. of State

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

MAILING: Dept. of State

Division of Corporations

Corporate Filings P.O. Box 6327

Tallahassee, FL 32314

FROM: Inc Authority, LLC

1450 Vassar St Reno NV 89502 (800) 638-2320 (775) 329-0852

DATE: Monday, August 21, 2023

SENT VIA USPS

To Whom It May Concern:

Attached, please find the following document(s):

Articles of Amendment
 For: CASHMERE CARTING, LLC

We have included payment in the amount of \$25.00 for the following fees:

Filing Fee

We have included one original and one copy.

If there are any questions, please call 800-638-2320

## Please return the file stamped copy of Amendment to Articles of Organization to the address below:

Processing Department 1450 Vassar St Reno NV 89502

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CASHMERE CARTING, LLC	2023 AUG 29	Ail 9: 03	
(Name of the Limited Liability Company as it now appea (A Florida Limited Liability Company)	ers on our records.)		
The Articles of Organization for this Limited Liability Company were filed on $\underline{0}$	<del>-</del>		
Florida document number L23000290900			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company h	nere:		
KASHMERE CARTING & TRANSPO The new name must be distinguishable and contain the words "Limited Liability Company," the	RT, LLC 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:			
(Muiling address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office address o registered agent and/or the new registered office address here:	on our records, enter the nai	ne of the new	
Name of New Registered Agent:			
New Registered Office Address:			
Enter FI	orida street address		
City	Florida	wic .	
New Registered Agent's Signature, if changing Registered Agent:	Lip C	, u.	
I hereby accept the appointment as registered agent and agree to act in this	e canacine I further agree to co	omnly with the	
provisions of all statutes relative to the proper and complete performance of	of my duties, and I am familiar	with and	
accept the obligations of my position as registered agent as provided for in being filed to merely reflect a change in the registered office address, I here			

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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	
			☐ Add	
			□ Кетюче	
			Change	
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	<del>-</del>		□ Add	
			☐ Remove	
			☐ Change	

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D. Hame	Attach daditional sheets, if necessary.)
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(it all eller	re date, if other than the date of filing: N/A (optional)  tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
docume	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nt's effective date on the Department of State's records.
(b) The s	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _6	August 18, 1000. 2023.  Signature of a member or authorized representative of a member.
	and the first
	Signature of a member or authorized representative of a member
	Kevin Sellars
	Typed or printed name of signee

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Filing Fee: \$25.00