L23000328581

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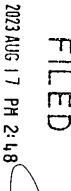
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SCONTIANY OF STATE



COVER LETTER

TO: Registration Sec Division of Corp	•		
SUBJECT: LAY	LE VALET & Name of Limit	RECYCLING Sted Liability Company	BERVICES LLC
The enclosed Articles of a	Amendment and fee(s) are subr	mitted for filing.	
Please return all correspon	ndence concerning this matter t	o the following:	
	OSCAP O	Name of Person	ALOTI
	LAKE VALE	T & RECYCLIN	G SERVICES LLC
	2421 NAR	COSSEE PD.	Apr. 9205
	ORLANDO	F.L. 3282 City/State and Zip Code	7
	CSCAP - DI E-mail address: (to	AZ - ORD @GUA o be used for future annual report notif	IL-COM
For further information co	oncerning this matter, please ca	11:	
Name of	Person	at (<u>407</u>) <u>820</u> Area Code Daytime	- 7796 Telephone Number
Enclosed is a check for th	e 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 S		Street Address: Registration Sec	etion

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

). If am	sending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
	
	
(If an ei <u>Note:</u>	tive date, if other than the date of filing: De 14 2023 (optional) flective 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
the reco	ord 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 filed.
Dated	1 08 - 14 . 2023 .
	Signature of a member or authorized representative of a frember
	ATOTURE SAID SAID

Filing Fee: \$25.00

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
4GR	DOAR ?	DIOZ Parto	A SHZI NARCOUSEE RY	□Add
			Apt. 9205	□Remove
			DRIANDO, F.L. 3282	L ZChange
	_			🗆 Add
				□Remove
				□Change
		 		□Add
				□Remove
				🗆 Change
	. .			DAdd
				□Remove
				□Change
				□Add
				□Remove
				□Change
			· · · · · ·	□Add
				□Remove
				□Change

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

	VCITNG SERVICES LLC bility Company as it now appears on our records.)
(A Fio	rida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>L 23000 32 8</u>	y Company were filed on and assigned 25.8 \
This amendment is submitted to amend the following	:
A. If amending name, enter the new name of the 1	imited liability company here:
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	\$5.023 *
(Principal office address MUST BE A STREET AD	DRESS)
Enter new mailing address, if applicable:	OF STEEL BELL
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address her	red office address on our records, enter the name of the new registered e:
Name of New Registered Agent:	YOR R DIAZ PONTUDA
New Registered Office Address:	6421 NARCOSSEE Rd. Apt 9205 Enter Florida street address
_	OPLANDO Florida 32827
New Registered Agent's Signature if changing Registe	ored Avent

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