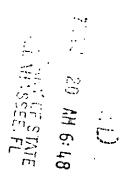
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COVER LETTER

TO:

Registration Section
Division of Corporations

STATE OF FLORIDA DUMPSTER RENTALS, LLC SUBJECT: ___ 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: CHRISTOPHER HANKS Name of Person Firm/Company 3288 KACHER RD Address NORTH PORT, FL 34288 City/State and Zip Code CHRIS.HANKS@FLORIDASTATEDUMPSTERS.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: CHRIS HANKS 941 323-3131 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability</u> (A Florida	ty Company as it now appears on Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability C Florida document number	ompany were filed on AUGUS	ST 4, 2023	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ited liability company here:		
FLORIDA STATE DUMPSTERS, LLC			
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the design	ation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDR	RESS)		فح
			1000 147
Enter new mailing address, if applicable:		ا فراکل بهیمه استان استان استان استان است	20
• • • • • • • • • • • • • • • • • • • •		(S)	<u>></u>
Mailing address MAY BE A POST OFFICE BOX)		: To	6 0
		75	<u></u>
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our recor	ds, <u>enter the name o</u>	CD f the new regi
Name of New Registered Agent:			····
New Registered Office Address:	Enter Florida st	and address	
	rnier Piorida Si	reei (RKITESS	
	City	, Florida	Zip Code
	City		ыр Соие

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 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
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			□Change
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ective date, if other than the date of fili effective date is listed, the date must be specific a e: If the date inserted in this block does not ument's effective date on the Department of	t meet the applicab	date of filing or i	onore than 90 days and requirements.	ptional) after filing. this date) Pursue will no	ant to 605.0. ot be listed
cord specifies a delayed effective date, but n s filed.	ot an effective time	e, at 12:01 a.m.	on the earlier of	f: (b) Th	e 90th	day after t
JUNE 13	2024					
ed	_;	. •				
Signature of	a member or authoriz	red representativ	e of a member			