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(Re	questor's Name)	
(Add	dress)	
(Āda	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	
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COVER LETTER

Division of Corpora	tions		
subject: Sacas	ota Waste Name of Limit	Removal and ted Liability Company	Hauling, LLC
The enclosed Articles of Ame	ndment and fee(s) are subn	nitted for filing.	
Picase return all corresponden	ce concerning this matter to	o the following:	
_	William S	Name of Person	
_		Firm/Company	
-	2514 Woo	od Oak Dr. Address	
	Sarasot	City/State and Zip Code City/State and Zip Code Code	2
	westopp	o be used for future annual report notific	eation)
For further information concer			
William Sta	ppani	at (941) 800- Area Code Daytime	7145 Telephone Number
Enclosed is a check for the fol-	lowing amount:		
	\$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)

Mailing Address:

TO:

Registration Section

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

The Articles of Organization for this Limited Liability Company were filed on 9/11/2023 Florida document number <u>L2300042217</u>9 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Sarasota Junk Hallers 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

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

\MBR = Au <u>[itle</u>	thorized Member Name	Address	Type of Action
100			□Add
			□Change
			□Add
			Remove
			Change
		□ Add	
		Петюче	
			Change
		□Add	
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Page 2 of 3

). If amei	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe	ye date, if other than the date of filing:
	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_	March 25, 2024. William Steppan- Signature of a member or authorized representative of a member
	William Sterson
	Typed or printed name of signee
	Typed or printed name of signee