## 123000431305

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## **COVER LETTER**

TO: Registration Section Division of Corporations	•	e e
SUBJECT: Cond Mode	Valet Trash mited Liability Company	Services LLC
The enclosed Articles of Amendment and fee(s) are su	bmitted for filing.	
Please return all correspondence concerning this matte	r to the following:	
Couill	ermo Dale Name of Person	
Grind Ma	te Valet Trash &	Service 5 LLC
2200 NW-	72nd AVE, Unit 3	3791
Mirmi, F	EL 33152. City/State and Zip Code	
E-mail address:	(to be used for future annual report notifi	ication)
For further information concerning this matter, please of	call:	
Coullermo Dale Name of Person	at ( <u>305</u> ) <u>896 - V</u> Area Code Daytime	499 Telephone Number
Enclosed is a check for the following amount:		
☑ \$25.00 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	Street Address: Registration Sec	tion

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Carinde Mode Valet Trash Services L (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 07-11-2023 and assigned Florida document number 123000431305 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 "LLC." 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 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

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>	Name	Address	Type of Action
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Effectiv	e date, if other than	the date of filin	g:		(option	eal)	
lfan effed <u>Note:</u> If	tive date is listed, the date the date inserted in this it's effective date on the	must be specific and s block does not n	d cannot be prior to neet the applicable	late of filing or more e statutory filing r	than 90 days after fil	ling ) Purcuant to 605.0	)207 ( il as tl
e record : rd is filed	specifies a delayed effe d.	ctive date, but not	an effective time	, at 12:01 a.m. on	the earlier of: (b)	The 90th day after t	the
Dated _	Septem)	<u>cer 22,</u>	2023				
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		Signature of a r	nember or authoriz	ed representative of	a member		
		illerma					