## L23000494216

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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(Notice of the table	(A Florida Limited I	ny as it now appears on o Liability Company)	ur records.		
The Articles of Organization for this Limited I Florida document number L 3 000 4	iability Company	were filed on 103	0 23	and as	ssigned
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liahi	ility company here:			
	***				
The new name must be distinguishable and contain the	words "Limited Liabili	ity Company," the designat	ion "LLC" or the abb	reviation "I	lC."
Enter new principal offices address, if appli-	cable:				
(Principal office address MUST BE A STREI	ET ADDRESS)				<del></del> -
					**
				40% SZ02	
Enter new mailing address, if applicable:				1	· <u>· · · · · · · · · · · · · · · · · · </u>
(Mailing address MAY BE A POST OFFICE	BOX)				· ·
			· · · · · · · · · · · · · · · · · · ·	3 <u>ĕ</u>	
			•	<u>3:</u>	-
B. If amending the registered agent and/or agent and/or the new registered office addre		ddress on our record	s, enter the name	of the ne	w registered
		_			
Name of New Registered Agent:	Jennife	r Romano	-Arant		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	158 N	AVENS  Enter Florida stre	St per address		
	Port S	st Lucie	Florida <u>3</u>	1983	
		City		Zip Code	

## 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.

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
<del></del>			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
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ffectiv	e date, if other than the date of filing: (optional)
an effec lote: If	ive 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t's effective date on the Department of State's records.
record : I is filec	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
ated	11-2 23
	Jennyla Remano Amut Signature of a member or authorized representative of a member  Jennyler Romano Arant Typed or printed name of signee
	langue Pannan Ara +
	Typed or printed name of signce

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## **COVER LETTER**

Division of Corporations				
SUBJECT: 131 Dumpster Re				
Name of Limited	Liability Company			
The enclosed Articles of Amendment and fee(s) are submitt	ed for tiling.			
Please return all correspondence concerning this matter to the	ne following:			
Jennifer Rom				
	Name of Person			
131 Dumpst	er Rental LLC			
158 NW AVE		<del></del>		
. *	Address			
Port St Luci	e, FL 34983			
	ity/State and Zip Code	_		
UUUUMD NAUL E-mailladdress: (to be	Ing @ 9mail. Cox used for inture annual report notification	<u>Y)</u>		
For further information concerning this matter, please call:				
Jennifer Romano-Arant	at (954), 235-921	Phone Number		
ivalite of 1 cison	Area Code Daytine Tele	phone (vumber		
Enclosed is a check for the following amount:				
\$25.00 Filing Fee \$\Boxed{\subseteq} \$30.00 Filing Fee & E 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
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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