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COVER LETTER

Division of Corporations
SUBJECT: Jacksonville Dumpster Rondal and Junk Removal LL.C. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for tiling.
Please return all correspondence concerning this matter to the following:
Karin Masik Quaintance Ir. Name of Person Jacksanille Dumpster Rondal and Link Removal Firm/Company
Jay FL 32219 City/State and Zip Code Leverage autu25 @ Ginail Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kavim Quaintance at (904) 365-0210 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☑ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, ☐ \$60.0
Mailing Address: Pagietration Section Description Section

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Jacksmale 1 (Name of the Limite	d Liability Company as it now appears on our real A Florida Limited Liability Company)	not Bunk Re L.L.C
The Articles of Organization for this Limited Lia	· · · · · —	2024 and assigned
Florida document number <u>L240000</u>	32889	
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liability Company" the designation	"LLC" or the abbreviation "LLC"
Enter new principal offices address, if applica		
(Principal office address MUST BE A STREET		
Trincipal office man can in 6.5 125 110 1110 11		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE E	<u></u>	
B. If amending the registered agent and/or re	raistered office address on our records le	nter the name of the new registered
agent and/or the new registered office address		13 -
	Vinterio Tille	n, n, , , , , , , , , , , , , , , , , ,
Name of New Registered Agent:	VILTORIA lillman	<u> </u>
New Registered Office Address:	Enter Florida street d	treet ?
	Enter Florida street a	220-110
	City	_, Florida <u>3 L L O Q</u> 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.

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>	<u>Name</u>	Address	Type of Action
MER	Karim Malik Quambar	is Tr LeSoa Thurgood CirE	□Add
		Sav, & 32219	ZRemove
			□Change
MER	Victoria Tillman	1441 East 31st Street	🗹 Add
		Jal, RC 32206	□Remove
			DAdd
			□Remove
		<u> </u>	Change
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ective date	, if other than tl	he date of filio	nø:			(optional)	
i effective dat	e, it other than the is listed, the date nate inserted in this	nust be specific ar	nd cannot be pri-	or to date of filing	g or more than 90 o	days after filing.) P	ursuant to 605.02
	ective date on the				ming requirem	ents, mis date w	in not be fisted.
cument a cri							
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Filing Fee: \$25.00