(Requestor's Name)
(Address)
(Address)
(Ĉity/State/Zip/Phone #)
(Only States Liph Hone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corp	orations		
SUBJECT: A +0	2 Junk Ren Name of Lim	noval LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	idence concerning this matter	to the following:	
	Kent C	Name of Person	
		Firm/Company	
	929 Harbor	Pines Pr Address	
	Merritt Isla	City/State and Zip Code See Quahoo. Of the be used for futur Jannual report not	2
	Kent. Garrin	to be used for futur annual report not	ification)
For further information co	neerning this matter, please ca		
Kent G	aringer	at (615) 500 Area Code Daytin	~ 307/
Name of	rerson	Area Code Dayun	ne reteptione Number
Enclosed is a check for the	e following amount:		
▲ \$25.00 Filing Fee	☐ \$30.00 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)
<u>Mailing Address</u> Registration S Division of Co	ection	Street Address: Registration Se Division of Co	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A to L Junk Kemor	a LLC	
(Name of the Limited Liability Compa (A Florida Limited I	<u>ny as it now appears on our records.)</u> Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 24 000092634</u>	were filed on 2/22/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		202
Principal office address MUST BE A STREET ADDRESS)		
		
inter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office a igent and/or the new registered office address here:	address on our records, enter the na	ame of the new register
gent and/of the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	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.

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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		Merritt Island FL 329.	52 □Remove
			□Change
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n effectiv ote: If th	e date is listed, the ne date inserted	than the date of ne date must be spec- in this block does on the Departme	itic and ca s not mee	et the applica	to date of filing able statutory	or more than 9 filing require	(optiona 0 days after fili ments, this da	ng.) Pursuant to 6	05.0207 sted as
ecord sp is filed.	ecifies a delaye	ed effective date, b	out not an	effective ti	me, at 12:01 a	i.m. on the ea	rlier of: (b)	The 90th day af	ler the
ited	Febru	Mary 2 Hent !	<u>6</u> , .	2024	·				
		Hent 1	1	•					
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		Signatul	re of a me	moer or audic	itized represent	anve or a men	nder		