

(Re	equestor's Name)	
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PICK-UP	MAIT	MAIL
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COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT: 6	g Bend Du Name of Limit	IMPSTRS UC ted Lubility Company	
The enclosed Articles of A	mendment and fec(s) are subn	mitted for filing.	
Please return all correspond	dence concerning this matter t	to the following:	
	Leah	Name of Person	
		Firm/Company	
	LOHLO CCIK	Park foad	
	Scpchopp blodumpster	City/State and Zip Code 215 1	COW
For further information co	ncerning this matter, please ca		
Coah Car	HVUI Person	at (250) 544 Area Code Daytim	e Telephone Number
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fec. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	E action	Street Address: Registration Se	ction

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

Company as it now appears on our records.

Company as it now appears on our records.

Company were filed on MAYCH 13, 2024 and assigned Florida document number 24000120314.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Big Bernd Dumpsters 4.

The new name wast 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 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

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	
	Florida	

Ciry

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.

Zip Code

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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			[]Add
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Note: If the	te, if other than the ate is listed, the date mediate inserted in this frective date on the	block does not	meet the appu	cabie statutory i	or more than 90 day iling requirement	optional) s after filmg.) Purst s, this date will n	ant to 605.0207 of he listed as
record spected is filed.	ifies a delayed effect	tive date, but no	ot an effective	ime, at 12:01 a.	m. on the earlier	of: (b) The 90th	n day after the
Dated <u>W</u>	irch 2 Lot	Signature of a	201L	northy d representa	tive of a member		
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Filing Fee: \$25.00