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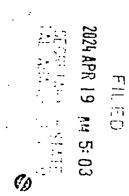
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## **COVER LETTER**

	oice Dumpsters LLC		
SOBSECT.	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Tyrce Costa		
		Name of Person	· · ·
	Builders Choice Dumpster	2	
		Firm/Company	<del>· · · · · · · · · · · · · · · · · · · </del>
	35 SE IST AVE SUITE 2	200	
		Address	<del></del>
	OCALA, FL 34471		
		City/State and Zip Code	<del></del>
	builderschoicedumpsters@p	gmail.com to be used for future annual report notifica	ition)
For further information co	oncerning this matter, please c	·	
Tyree Costa		352 421863 at ()	
Name of	f Person	Area Code Daytime To	elephone Number
Enclosed is a check for th	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)
Mailing Address	<u>s:</u>	Street Address:	

Address: Stree

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section Division of Corporations

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

BUILDERS CHOICE DUMPSTERS LLC	
( <u>Name of the Limited Liability Company</u> (A Florida Limited Liab	as it now appears on our records.) oility Company)
The Articles of Organization for this Limited Liability Company we	ere filed on 04/05/2024 and assigned
lorida document number L24000162748	
his amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited liability	y company here:
he new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	<b>2021</b>
* <del>* -</del>	. See Ap
_	
Inter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	2 0
Tables Can MATTA DE TITOUT OF THE BOTH	<del>&gt; ⊴ 5</del> ∂ 0
-	<i>₩</i>
<ol> <li>If amending the registered agent and/or registered office add gent and/or the new registered office address here:</li> </ol>	ress on our records, enter the name of the new regis
Name of New Registered Agent:	
Nau Pagistanul Office Address	
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>	Name	Address	Type of Action
AMBER	DEAITRA CRUZ	35 SE 1ST AVE SUITE 2000CALA, FL 34471	□Add
			■Remove
			□Change
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			□Remove
		<del></del>	Change
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ective date, if other the effective date is listed, the te: If the date inserted i ument's effective date of the terms of	date must be specific and in this block does not n	cannot be prior to onect the applicable	date of filing or more t		ng.) Pursuant to 605.020
cord specifies a delayed s filed.	effective date, but not	an effective time	, at 12:01 a.m. on ti	ne earlier of: (b)	The 90th day after the
ed 4/18/2024		TC	. /1		
	. ).	///	X		
		. ////	1		
	Signature of a r	nember or authoriz	ed representative of a	member	<del> </del>