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## **COVER LETTER**

TO:

**Registration Section** 

Division of Corpor	ations		
SUBJECT: Troy'S	Hauling LL	ited Liability Company	
The enclosed Articles of Am	endment and fee(s) are sub-	mitted for filing.	
Please return all corresponde	nce concerning this matter	to the following:	
	Mitchell	T Brown Name of Person	
		Firm-Company	
	4388 Ba	COKYCY Creeki dr Address	<del></del>
	Palm Har	Sor FL 34685  City/State and Zip Code  10,24@ gmcil. Com  to be used for future annual report notifi	SECRETARY OF STATE TALLAHASSEE, FI Telephone Number
-	Trovshowhr E-mail address: (	to be used for future annual report notifi	cation) AFR
For further information conc	erning this matter, please ca	ali:	SSE 3
Mitchell Name of Pe	Brown	at ( <u>727)</u> 9415–2 Area Code Daytime	Telephone Number TH 30
Enclosed is a check for the f	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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Sec Division of Cor		Street Address: Registration Sec Division of Corp	porations
P.O. Box 6327 Tallahassee, FL	32314	The Centre of Ta 2415 N. Monroe	allahassee Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Troy's Haul		
( <u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number <u>L24000195032</u>	ompany were filed on <u>4/19/2024</u>	and assigned
his amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lim</u>	ted liability company here:	
he new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:		2024 MAY
Principal office address MUST BE A STREET ADDI	(ESS)	マープ (1 i) - イー
	<u></u>	<u> </u>
	<u>ක</u> ද ල	
Inter new mailing address, if applicable:		<u>ထဲ</u> ထဲ
Mailing address MAY BE A POST OFFICE BOX)		30
		P.4
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter the name o</u>	the new regis
gent and/of the new registered office address neve.		
Name of New Registered Agent:		
New Registered Office Address:		
New Neglacied 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>	<u>Address</u>	Type of Action
mgr	Mitchell Brown	4388 Brooker Creek di	EAdd
			Remove
			□Add
			ERemove
			□Change
			□Add
			□Remove
<del></del>		TALLAHASSEE	SFORETARY OF STATE
			□ Change
			□Remove
			□ Change
<del></del>			□Add
			□Remove
			□Change

	SECRETARY STALLAHAS
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ective date, if other than the date of filing:  I effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 decire. If the date inserted in this block does not meet the applicable statutory filing requirement affective date on the Department of State's records.	(optional) days after filing.) Pursuant to 605.0207 ents, this date will not be listed as
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli is filed.	ier of: (b) The 90th day after the
ted May 10 . 2024.	
Signature of a member or authorized representative of a member	er