124000193102

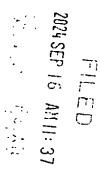
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.
J. HORNE
SEP 1 9 2024

Office Use Only



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09/16/24--01020--011 **25.00



COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

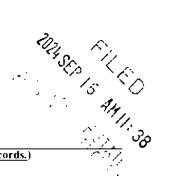
TO:

Only One E	Express Trash Pick Up LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Ricardo St Juste		
	 	Name of Person	
	Only One Express Trash P	ick Up LLC	
		Firm/Company	
	1747 Capital Cir Apt.904		
		Address	
	Tallahasee FL.32308		
		City/State and Zip Code	
	ricardost@myyahoo.com		
	E-mail address: (to be used for future annual report notif	ication)
For further information c	concerning this matter, please c	all:	
Ricardo St Juste		305 9347987	
Name of Person		Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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		Street Address:	tion.
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Only One Express Trash Pick Up LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on <u>04/24/2024</u>	and assigned
Florida document number L24000193102		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>ent</u>	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
	,	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
AMBR	Jasmine Brooks	1747 Capital Cir NE Apt.904 Tallahasee FL.32308	
			□Remove
			□Change
MGR	Ricardo St Juste	1747 Capital Cir Ne Apt.904 Tallahasee FL.32308	
			□Remove
			□Change
			□Add
			□Remove
			□Change
·			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Note: If t	date, if other than the date of filing:
the record spectral is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated <u></u>	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member Ricardo St. Siste Typed or printed name of signee

Filing Fee: \$25.00