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COVER LETTER

Division of Cor	porations		
SUBJECT: AF	7 Line L	ited Liability Company	
The enclosed Articles of a	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Alikhan z	Zhanbyrbayev Name of Person	
		Firm/Company	
	7585 Hy	drangea Ln	
	Wesley Ch Khan freio E-mail address: 4	City/State and Zip Code htinc @ ama to be used for future annual report notif	3545 il. cam
For further information co	oncerning this matter, please ca	_	
Alikhan Name of	'Person	at (<u>773)</u> 999 Area Code Daytime	- 1001 e Telephone 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)

TO:

Registration Section

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

Street Address: 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

AAŁ Line LLC		
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L240002290</u> .76	were filed on May 16, 20	24and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab DUMDSTER X Rentals The new name must be distinguishable and contain the words "Limited Liabi"	LIC.	breviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		ua Ln FL 33545
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7585 Hydramper Wesley Chapel,	a hn, FL 33545
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records, enter the nam	e of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	22:
	Florida	Zin Code
	City	ыр Соае

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
			□ Add
			□Remove
			Change
			Петюvе
			□Change
			□Add
			□Remove
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			□Change
			□Add
			□Remove
			□Change

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an effectiv ote: If t	date, if other than the date of filing:	
record sp 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	r the
ated/	Hovember 20, 2024 Signature of a member or authorized representative of a member	
	f. fufu	
	Signature of a member or authorized representative of a member	