L24000262683

(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
Special measure to thing among





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2024 SEP -9 PM 3: 05

Name Change

COVER LETTER

BinBusters 1	LLC			
SUBJECT:	Name of Limit	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.		
	ndence concerning this matter t			
	Janell Curtis			
		Name of Person		•
	BinBusters LLC			2024 SEP
		Firm/Company		
	330 Lakeview Dr			P −9
		Address		P A
	Crestview, FL 32536			PH 3: 05
	coastalcleanbins@gmail.com	City/State and Zip Code n		់គី ហ៊
		to be used for future annual report notif	ication)	
For further information of	concerning this matter, please co	all:		
Janell Curtis		772 323-4424 at ()		
Name o	of Person		e Telephone Numbe	ir
Enclosed is a check for t	he following amount:			
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific	atc of Status &

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassec, 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

BmBusters LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number L24000262683	Company were filed on 6-14-24	and assigned
This amendment is submitted to amend the following:		
4. If amending name, enter the new name of the lim	nited liability company here:	(C P
Coastal Clean Bins LLC	-	10 10 10
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or the	ahbreviatfor "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	7.71
		3.5 - 2.
	,	
Enter new mailing address, if applicable:		ារក្ ទៅ
Mailing address MAY BE A POST OFFICE BOX)		
Maning dames mill DE 11 OST OFFICE BOIL		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		ame of the new registe
Name of New Registered Agent:		U N
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:

MGRESTManager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			□Change
			□Add
			☐Remove
			☐ Change
		□Ac	□Add
			□Change
			□Add
			□Remove
			□ Change
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	***************************************		Remove
			□Change
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<u>Note:</u>	five date, if other than the fective date is listed, the date if the date inserted in this nent's effective date on the	s block does not n	neet the applicabl	date of filing or more e statutory filing r	(option: than 90 days after file equirements, this day	al) ng.) Pursuant to 605.0207 ate will not be listed as
he recor	rd specifies a delayed effer iled.	ctive date, but not	an effective time	, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
Dated	September 6		2024			

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