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08/19/24

COVER LETTER

TO:	Registration S Division of Co				
Sub ir	IIPL Hauli	ng, LLC			
SUBJEC	CT:	Name of Lir	nited Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sui	bmitted for filing.		
Please re	turn all correspo	ondence concerning this matter	r to the following:		
		Anthony M. Barbuto, Esq.			
			Name of Person		-
		Barbuto Law Firm, P.A.			
			Firm/Company		-
		12773 W. Forest Hill Blvc	L, Suite 101		
			Address	 	
		Wellington, FL 33414			
			City/State and Zip Code		
		abarbuto@barbutolaw.com			: <u>5</u>
T. 5			to be used for future annual report noti	ilication)	: 19
COL RITTE	er information c	oncerning this matter, please c	all:		_
Anthony	M. Barbuto		561 798-2907 at()		
	Name o	f Person	at () Area Code Daytim	e Telephone Number	
Enclosed	is a check for 13	ne following amount:			
■ \$25.0	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	c of Status &
1 1	Mailing Addres Registration S Division of C P.O. Box 632 Fallahassee, I	Section orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 8	10

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HPL Hauling, LLC			
(Name of the Lin	ited Liability Comp (A Florida Limited	any as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Florida document number L24000304382	Liability Company	were filed on 07/08/2024	and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited lial	nility company here:	
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation	a "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	13206 Via Veneto	•
(Principal office address MUST BE A STRE		Wellington, FL 33414	
			5.
			:
Enter new mailing address, if applicable:		13206 Via Veneto	
(Mailing address MAY BE A POST OFFICE	<u> Ε ΒΟλ)</u>	Wellington, FL 33414	· · · · · · · · · · · · · · · · · · ·
			5
B. If amending the registered agent and/or agent and/or the new registered office addr Name of New Registered Agent: New Registered Office Address:	Anthony Barbu		enter the name of the new regist
		Enter Florida street	address
	Wellington		, Florida 33414 Zip Code
		Ciry	Zip Code
New Registered Agent's Signature, if changing			

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 Changing Registered Agent, Signature of New Registered Agent

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 = N	Innager .uthorized Member		
Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			①Add
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Tective date, if other than the date of filing:	requirements, this date will	suant to 605.02 not be listed :
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. o is filed.	n the earlier of: (b) The 90t	h day after th
1ed August 14. 2024.		
9		
Hugo Pun 2 Signature of a member or authorized representative of		

Filing Fee: \$25.00