

7/31/24 1:43 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L240002583283

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : UNITED ACCOUNTANTS LLC
Account Number : I20230000115
Phone : (813)773-4973
Fax Number : (813)440-4499

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: Info@Uniacc.net

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GREENHAUL DUMPSTERS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
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K. SALY

AUG - 1 2024

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2024 JUL 31 PM 2:18

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RECEIVED
2024 JUL 31 PM 3:44
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GREENHAUL DUMPSTERS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JEHAD M HAMMAD

Name of Person

Firm/Company

3904 CORPOREX PARK DRIVE SUITE 102

Address

TAMPA, FL 33619

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEHAD M HAMMAD

813 578-3333

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:

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

GREENHAUL DUMPSTERS LLC

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

FILED
2024 JUL 31 AM 3:44
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 07/08/2024 and assigned
Florida document number 1.24000304618.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" 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 address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:


New Registered Office Address:

Enter Florida street address

City, Florida 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 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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AP	EVOSHIFT LLC	3924 E 10TH AVE	<input type="checkbox"/> Add
		TAMPA, FL 33605 FL	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JEHAD M HAMMAD	3904 CORPOREX PARK DRIVE	<input checked="" type="checkbox"/> Add
		SUITE 102	<input type="checkbox"/> Remove
		TAMPA, FL 33619	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

2024 JUL 31 AM 3:44
STANTISSE, FL 32010
FALLAH, SE

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated JULY 31 2024

Signature of a member or authorized representative of a member

JEHAD M HAMMAD

Typed or printed name of signee

Filing Fee: \$25.00