## L24000347170

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05/12/24

## **COVER LETTER**

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

Dx M Junk	Removal LC
(Name of the Limited Liability (A Florida Li	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number 2400347	mpany were filed on <u>S17/24</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	d liability company here:
The new name must be distinguishable and contain the words "Limited	d 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 ADDRES	<u>(SS)</u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	Ci O
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida
<del>-</del>	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 anyending 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
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ective date, if other than the date of filing:  reflective date is listed, the date must be specific and cannot be prior to	o date of filing or mor	(optice than 90 days after	filing.) Pr	ursuant to	605.020
te: If the date inserted in this block does not meet the applica nument's effective date on the Department of State's records.	ble statutory filing	requirements, thi	s date wi	ll not be	listed a
cord specifies a delayed effective date, but not an effective tin s filed.	ne, at 12:01 a.m. on	the earlier of: (h	) The 9	Oth day a	ifter th
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Filing Fee: \$25.00