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To:

Division of Corporations

Fav Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)389-0502

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

Email Address:_____

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TOGLLO HAULING LLC

Certificate of Status	0
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Page Count	06
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Registration Section

To:

TO:

COVER LETTER

Name of Person Legalzoom com, Inc Firm/Company 9900 Spectrum Dr Address Austin, TX 78717 City/State and Zip Code	SUBJECT:	Name of Limited Liability Company
Mike Town Name of Person Legalizoom com, Inc Firm/Company 9900 Spectrum Dr Address Austin, TX 78717 City/State and Zip Code	The enclosed Atticles (of Amendment and fee(s) are submitted for filing
Name of Person Legalizoom com, Inc Firm/Company 9900 Spectrum Dr Address Austin, TX 78717 City/State and Zip Code	Please return all corres	pondence concerning this matter to the following:
Name of Person Legalzoom com, Inc Firm/Company 9900 Spectrum Dr Address Austin, TX 78717 City/State and Zip Code		Mike Town
Firm/Company 9900 Spectrum Dr Address Austin, TX 78717 City/State and Zip Code		Name of Person
9900 Spectrum Dr Address Austin, TX 78717 City/State and Zip Code		Legalzoom com, Inc
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toellohantine@email.com		City/State and Zip Code
		togHohauling@gmail.com
E-mail address 400 be used for future annual report notification)		E-mail address. (to be used for future annual report notification)
E-mul address (to be used for future annual report notification) er information concerning this matter, please call	For further information	Address Austin, TX 78717 City/State and Zip Code togllohauting@gmail.com E-mail address Ito be used for future annual report notification.

Enclosed is a check for the following amount

Name of Person

□ \$25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status ■ \$35.00 Filling Fee & Certified Copy (additional copy is enclosed)

Area Code

☐ \$60.00 Filing Fee. Certificate of Starus & Certified Copy (additional copy is enclosed)

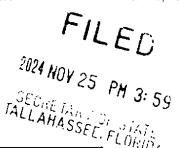
MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Daytime Telephone Number

Registration Section Division of Corporations Clutton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



TOGELO HAULING LLC

(Name of the Limited Liability Company as it now appears on our records,)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{09/11/2024}{1}$ _ and assigned Florida document number 1.24600397831 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 "LLC." 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 ____, Florida ____

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, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Edward Lee Taylor Jr	7019 SW 39th Ave Jasper, FL 32052	■ Add
			☐ Remove
			Change
			Add
			Discontinue T Coffinge T SS
			T LE L
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			□ Add
			☐ Remove
			☐ Change

To.

/S/ Edward Lee Taylor Jr.

Signature of a member or authorized representative of a member

Edward Lee Taylor Jr

Typed or printed name of signee