# 12500270115

(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:
Check a type of action

Office Use Only



000453651520

07/01/25--01031--021 \*\*60.00



AP) 6/23/24

#### **COVER LETTER**

The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:    Fernando   Ruido	TO: Registration Sec Division of Corp		. ,		
Please return all correspondence concerning this matter to the following:    Fernando   Ruido     Name of Person     Sole   mbr     Firm/Contpany	SUBJECT:		Services ed Liability Company	Lic	
Fernando Rulido  Name of Person  Sole mbr  Firm/Company  13330 Fort Kiny Cd  Address  Dadle City F1 33505  City/State and Zip Code  FRUID 36938 Ogman Com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:    Servando Puido   at (2595)   350 - 206 - 1910     Name of Person   Area Code   Daytime Telephone Number    Senclosed is a check for the following amount:   Senclosed   Sence   Sence   Sence   Certificate of Status & Certifi	The enclosed Articles of A	Amendment and fee(s) are subm	nitted for filing.		
Sole mbr  Firm/Company  13330 Fort King Cl  Address  Dade City F1 33505  City/State and Zip Code  FRUID 36888 Ogmus Com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  1	Please return all correspor	ndence concerning this matter to	the following:		
Firm/Company    13230   Fort   King   Cd     Address     Dade City   Fl   335505     City/State and Zip Code     Famil address: (to be used for future annual report notification)    For further information concerning this matter, please call:    Ferrando   Person     Name of Person     S25.00 Filing Fee   \$30.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)     Certified Copy (additional copy is enclosed)     Certified Copy (Certified Cop		<u> </u>	ernando Name of Person	Ruido	
Enclosed is a check for the following amount:  \$\begin{array}{c} \lambda \text{Certificate of Status} \rightarrow \text{S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)}  \enclosed \text{Code} \text{Certified Copy (Certified Copy (additional copy is enclosed)}  \enclosed \text{Certified Copy (Certified Copy (Certified Copy (additional copy is enclosed)}  \enclosed Certified Copy (Certified Copy (C			SOLE Firm/Company	mbr	
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:    Feyncando Puido   at (35585)   350-2 (0-1410)     Name of Person   Area Code   Daytime Telephone Number      Second Filing Fee   \$30.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)				King M	<u>d</u>
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:    Terrical   Puido   at (23595)   350 - 2 0 - 1410     Name of Person   Area Code   Daytime Telephone Number    Enclosed is a check for the following amount:    \$25.00 Filing Fee   \$30.00 Filing Fee &   \$55.00 Filing Fee &   \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)   Certified Copy   Cer		Dade Ci	ty fl 2 City/State and Zip Cod	<u> 3595</u>	
Ferrando Paido at 3555 350 - 200 - 1910  Name of Person Area Code Daytime Telephone Number  Enclosed is a check for the following amount:  \$\Begin{array}{cccccccccccccccccccccccccccccccccccc		E-mail address: (to	Wido 36938 be used for future annua	SOGNULL ( al report notification)	Com
Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  □ \$25.00 Filing Fee  Certificate of Status  Certified Copy  (additional copy is enclosed)  Certified Copy  Certified Copy	For further information co	oncerning this matter, please cal	1:		
□ \$25.00 Filing Fee	Name of				
Certificate of Status Certified Copy Certificate of Status & Cadditional copy is enclosed) Certified Copy	Enclosed is a check for the	e following amount:			
	□ \$25.00 Filing Fee		Certified Copy		Certificate of Status & Certified Copy

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

FILED

9075 SEP 22 PM 4: 18

M & F Hauling Services LL	L		<del></del>
	y Company as it now appears on o Limited Liability Company)	TALLAHA	SSEE FL
The Articles of Organization for this Limited Liability Co	ompany were filed on <u>06/0</u>	9/2025	and assigned
lorida document number <u>L 250<b>0</b>0 270115</u>	<b>_</b> -		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company here:		
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designa	tion "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDR	ESS)		
			<del></del>
Enter new mailing address, if applicable:	<del></del>		
Mailing address MAY BE A POST OFFICE BOX)			
	-		
B. If amending the registered agent and/or registered	office address on our record	s, enter the na	me of the new registers
ngent and/or the new registered office address here:	office dual cost off our record	of circle the line	ne or the new registers
Name of New Registered Agent:			
New Registered Office Address:			
-	Enter Florida str	eet 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:

MGR =	Manager	
AMBR =	Authorized	Member

## FILED

<u>Title</u>	<u>Name</u>	Address not SEP 22 PM 4: 18	Type of Action
Mar_	Fernando Pulido	13230 Front Horse STATE Dode	City FlorAdd
		<del></del>	□Remove
	***		□ Add
			Remove
		<del> </del>	
			□Add
			□Remove
			□Change
			□Add
			□Remove
		<del></del>	□Change
			□Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
<u></u>			□Add
		W.W. W.	□Remove

	7025 SEP 22 PM 4: 19
· · · · · · · · · · · · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·
	<del></del>
	· · · · · · · · · · · · · · · · · · ·
	(optional) be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 e applicable statutory filing requirements, this date will not be listed as ecords.
ecord specifies a delayed effective date, but not an effe s filed.	ective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
sed September 17th . 70	<u>25</u> .



August 22, 2025

FERNANDO ULIDO 13230 FORT KINY RD DADE CITY, FL 33525

SUBJECT: M&F HAULING SERVICES LLC

Ref. Number: L25000270115

We have received your document for M&F HAULING SERVICES LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE CHECK A TYPE OF ACTION FOR YOUR OFFICES.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 625A00018860

