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EXAMINER

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SECRETARY OF STATE

COVER LETTER

TO: Registration Se Division of Cor	ection rporations			
SUBJECT:	Southw	est Septic LLC		
SUBSECT.		ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondence	ondence concerning this matter	to the following:	•	
		Tony A. DiFoggia		
		Name of Person		
		Southwest Septic LLC		
		Firm/Company		
		P.O. Box 750		
		Address		
		Estero, FL 33929		
		City/State and Zip Code		
	E-mail address: (en@hfcrossmancpa.com to be used for future annual report notifica	ition)	
For further information of	concerning this matter, please o	call:		
Ton	y A. DiFoggia	at (_239) 7	77-8336	
Name of Person		Area Code & Daytime Telephone Number		
Enclosed is a check for t	he following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 1 Status & Certificate of Status & Certified Copy (additional copy is enclosed)	

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Southwest Southw	eptic LLC as it now apper bility Company	ars on our records.)		
The Articles of Organization for this Limited Liability Company w	ere filed on	August 28, 2009	and ass	igned
Florida document numberL0900083210				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	ity company h	ere:		
Southwest Enviror	nmental LLC			
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Com	pany," the designation '	'LLC" or the a	abbreviation
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 here: Name of New Registered Agent:		our records, enter	the name of	of the nev
			LCR H	~~ T
New Registered Office Address:		Enter Florida street aa . Florida	HIMANY O	
	City		T Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			TATE ORIDA	-
I hereby accept the appointment as registered agent and agre	e to act in this	capacity. I further a	gree to comp	oly 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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

<u>e</u>	<u>Name</u>	Address	Type of Acti
			Add Remove
			Add Remove
			□ Damaua
			Damaya
			□D.amassa
			Add Remove
If ameno	ling any other information, ent	er change(s) here: (Attach additional she	ets, if necessary.)
_			
			10 MAI SECRE TALLAI
 ed	March 5	, 2010	10 MAR -8 PM SECRETARY OF TALLAHASSEE,

Page 2 of 2

Filing Fee: \$25.00