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COVER LETTER

TO: Registration S Division of Co	Section orporations				
A. Stever	ns Septic and Land Services,	LLC			
	Name of Lim	ited Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sub-	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	James A Stevens III				
		Name of Person			
A. Stevens Septic and Land Services, LLC					
		Firm/Company			
	5055 S W Oakwood Ave				
	<u> </u>	Address			
	Arcadia Florida, 34269				
	stevenslandservices@yah	City/State and Zip Code			
	E-mail address: (t	o be used for future annual report notific	ation)		
For further information of	concerning this matter, please ca	ll:			
Jame A Stevens III		863 990-3435			
Name o	f Person		elephone Number		
Enclosed is a check for t	he following amount:				
1 \$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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A. Stevens Septic and Land Services, LLC	
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.)
The Articles of Organization for this Limited Liability Company we Florida document number 140013387	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	N company bases
The state of the s	y company nere:
The new name must be distinguishable and contain the words "Limited Liability	
Enter new principal offices address, if applicable:	Company," the designation "LLC" or the abbreviation "LLC."
(Principal office address MUST BE A STREET ADDRESS)	
_	7 7
Enter new mailing address, if applicable:	\$ 100 m 100
(Mailing address MAY BE A POST OFFICE BOX)	
_	
P. If amounts	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	e address on our records, enter the name of the new
size new registered onice address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
iew Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent and agree to rovisions of all statutes relative to the proper and complete peryccept the obligations of my position as registered agent as proveing filed to merely reflect a change in the registered office addompany has been notified in writing of this change.	formance of my duties, and I am familiar with and

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>	Name	<u>Address</u>	Type of Action
MGR	Alice Dedge	1302 SE Ohio Ave. Arcadia Fl. 34266	
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			☐ Change
			☐ Remove
			Change SP
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			Change
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			☐ Change

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fective date, if other than the date of filing: m effective date is listed, the date must be specific and cannot be price. If the date inserted in this block does not meet the applicument's effective date on the Department of State's record	(optional) or to date of filing or more than 90 days after filing.) Pursuant to 605.02 icable statutory filing requirements, this date will not be listed as.
record specifies a delayed effective date, but n The 90th day after the record is filed.	ot an effective time, at 12:01 a.m. on the earlier
August 20 2018	
A Chalen String	horized representative of a member

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Filing Fee: \$25.00