LZ0000125261

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(Business Entity Name)						
(Document Number)						
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COVER LETTER

	gistration Se vision of Cor					
ombres.	Septic Con-	version of Florida, LLC	· f			
SUBJECT: Name of Limited Liability Company						
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please retur	n all correspo	ondence concerning this matter	to the following:			
		Adam Corwin				
			Name of Person			
		Septic Conversion of Flori	da, LLC			
			FirmCompany			
		9506 Lake Chase Island W	ay			
			Address			
		Tampa, Florida 33626				
			City/State and Zip Code	· ·		
		adam@septicconversion.co				
For further	information c	en-mail address: (to be used for future annual report n all:	onneation)		
Adam Corwin		813 334-5356				
Name of Person			Area Code Dayı	ime Telephone Number		
Enclosed is	a check for the	he following amount:				
\$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: Pagistration Section		Street Address: Registration Section				
Registration Section Division of Corporations			-	Division of Corporations		
P.O Box 6327				The Centre of Tallahassee		
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Septie Conversion of Florida, LLC				
(Name of the Limit	ed Liability Com (A Florida Limited	pany as it now appears I Liability Company)	on our records.)	NI COLOR
The Articles of Organization for this Limited L Florida document number L20000125261 This amendment is submitted to amend the following name, enter the new name of	owing:			and fixing PH 1: 12
 -				
The new name must be distinguishable and contain the v	vords "Limited Lia	bility Company," the de-	signation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applie		-		
(Principal office address MUST BE A STREI	ET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)			
B. If amending the registered agent and/or agent and/or the new registered office addre	registered offic ss here:	e address on our re	cords, <u>enter the n</u>	ame of the new register
Name of New Registered Agent:	Adam Corwi	in .		
New Registered Office Address:	9506 Lake C	hase Island Way		
		Enter Flori	ida street address	
	Tampa		Florida	33626
		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 Changing Registered Agent, Signature of New Registered Agent

If amen'ding 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	Address	Type of Action
MGR	Klaro Septic LLC	9506 Lake Chase Island Way	TO ZOL
		Tampa, Florida 33626	FILE D
AMBR	LB Septic LLC	13712 Chestersall Drive	
		Tampa, Florida 33624	
AMBR	TSM Septic LLC	2910 West Nassau Street	= Add
		Tampa, Florida 33607	
			☐Change
MGR	Adam Corwin	9506 Lake Chase Island Way	□Add
		Tampa, Florida 33626	Remove
			Change
			□Add
			ZRemove
			□Change
			□Add
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. 2020 Signature of a member or authorized representative of a member Adam Corwin Typed or printed name of signee

Filing Fee: \$25.00