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(Req	uestor's Name)	
(Addi	ress)	
(Addı	ress)	
(City/	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	iling Officer:	
	A. LU	NT
	JAN 21	2010

EXAMINER

Office Use Only

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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: ADVANCED SEPTIC LLC Name of Limited Liability Company				
	. 2			
The enclosed Articles of Amendment and fee(s) are submitted for filing.	SECRE DAN	T		
Please return all correspondence concerning this matter to the following:				
HAROLD BUCKINGHAM Name of Person	2010 JAN 19 PH 3: 30 SECRE FARY OF STATE TALLAHASSEE, FLORIDA	LEU		
ADVANCED SEPTIC, LL	<u>.</u> C.			
31110 REED RD	_			
DADE City FL. 3352 City/State and Zip Code	3			
HRUCKINGHAM @ M SV. COM E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
HAROLO TBUCKINGHAM at (352 424 - 3249) Name of Person Area Code & Daytime Telephone Numb	er			
Enclosed is a check for the following amount:				
	iling Fee, cate of Status &			

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Certified Copy .

(additional copy is enclosed)

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

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ADVANCED SEPTIC LLC.

(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number LOTOOOI68/	\ _1
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liab	ility company here:
A-ABLE SEPTIC.	LLC.
he new name must be distinguishable and end with the words "Limi L.L.C."	ted Liability Company," the designation "LLC" or the abbreviat
nter new principal offices address, if applicable:	2010 SEC ALL
Principal office address MUST BE A STREET ADDRESS)	HAR A T
incopus Vijote unun etti 17001 BB 1101 ABBI 112 PABBI	SSE 19
nter new mailing address, if applicable:	PR D
Mailing address MAY BE A POST OFFICE BOX)	30 DA
. If amending the registered agent and/or registered of egistered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Enier rioriaa sireei aaaress
	, 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 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

Type of Action Title <u>Name</u> **Address** LINDA BUCKINGHAM ☐ Add Remove ☐ Add Remove ☐ Add ☐ Remove □Add Remove \square Add D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) Dated_ Signature of a member or authorized representative of a member BuckingHam HAROLD Typed or printed name of steriee

Page 2 of 2

Filing Fee: \$25.00