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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Southern Name of Lim	Sentic Servicited Liability Company	ces LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Harold	George Pate Name of Person	····
	<u>Sou thean</u>	Septie Services	LLC
	6420 F	River Bend Rd Address	
	Molina	7/ 325-77 City/State and Zip Code	
	55511c E-mail address: (44 mag Q yoshoo C	ication)
For further information co	oncerning this matter, please c	all:	
HAR O	s (d Pate Person	at (\$\frac{\mathbb{g50}}{\text{Area Code}}\right) \frac{\mathbb{J}}{\text{Daytime}}	73-6049 Telephone Number
Enclosed is a check for the	ne 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

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

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on	and assigned
The same amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)	and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)	
A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)	
the new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)	
Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)	
Principal office address MUST BE A STREET ADDRESS)	the abbreviation "L.L.C."
	,
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 on our records, <u>elegistered agent and/or the new registered office address here:</u>	nter the name of th
egistered agent und/or the new registered office address here.	
Name of New Registered Agent:	
Name of New Registered Agent.	337 7
New Registered Office Address:	- SE 22 7
Enter Florida street address	
, Florid	a 50 7
City	the contract of the contract o

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 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 **Title Address Type of Action** <u>Name</u> 7400 Hidden Valley Rd. 11 Add Dennis Hinote ☐ Change _□ Add ☐ Remove ☐ Change _ Add □ Remove ☐ Change _□ Add _□ Remove ☐ Change □ Add □ Remove ☐ Change ☐ Add ☐ Remove

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Filing Fee: \$25.00