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(Address)

(Address)

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18 MAR 15 PM 12:22
MAR 15 2018

J. LEGGETT
MAR 16 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pure Country Site Work, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Denver Moore - MGR

Charlotte Moore - MGRM

Name of Person

Pure Country Site Work, LLC

Firm/Company

P.O. Box 158

Address

Fort White, FL 32038

City/State and Zip Code

purecountryseptic@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charlotte Moore

Name of Person

at (352) 318-1088

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:

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

Pure Country Site Work, LLC
(Name of the Limited Liability Company as it appears on the Certificate of Organization)

Pure Country Septic, LLC

Page 1 of 3

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

18 APR 15 PM 2:22

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

Dated March 12, 2017

Charlott Moore

Signature of a member or authorized representative of a member

Charlotte Moore

Typed or printed name of signee