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5 JUL -9 PM 4:3

15 JUL -9 PK 4: 36

J. HARRIS

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Hordable Seption	c Service LLC ted Liability Company	<u></u>
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	•
	Rol	by Miller	
	Affordable s	Septic Service LLC Firm/Company	<u></u>
	385 Oakwood	dTr1. Crawfordville	E, FL 32327
	Crawfordvill	e FL 32327 City/State and Zip Code	
	Rmiller 228 E-mail address: (1	e FL 32327 City/State and Zip Code Century link, net o be used for future annual report notifica	tion)
For further information c	oncerning this matter, please ca	dl:	
Robby M	Her f Person	at (§50) 509- Area Code Daytime T	0376 elephone 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 (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

(Name of the Limited Liability Con	pany as it now appears on our records.) ed Liability Company)		
The Articles of Organization for this Limited Liability Compa Florida document number <u>L12 0000635</u>		and assign	ned
This amendment is submitted to amend the following:		•	
A. If amending name, enter the new name of the limited li	ability company here:		
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or the al		
Enter new principal offices address, if applicable:		्राल्य प्र	
(Principal office address MUST BE A STREET ADDRESS)		7. E	
		323	
			: 64)
Enter new mailing address, if applicable:		- 第4 <u>-</u> 元	
(Mailing address MAY BE A POST OFFICE BOX)		S S	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address b		the name of	f the new
Name of New Registered Agent:		 -	
New Registered Office Address:	P	<u> </u>	
	Enter Florida street address		
	, Florida	Zip Code	····
	City	ыр Соае	

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

<u>Title</u>	<u>Name</u> .	Address	Type of Action
MGRM	Billy B. Rathel Jr.	4 Ann Circle	
		Crawfordville, FL 32327	Remove
			Change
			Add
			Remove
	•		Change
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Effective date, if other than the date of filing: 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. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The effective date and the date of filing: Signature of a member or authorized representative of a member Signature of a member or authorized representative of a member Rabby Miller.								 -
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Filing Fee: \$25.00