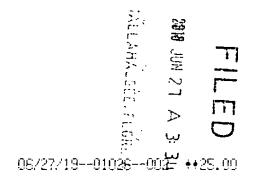
# L12000063SZ

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
ertified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



100331099591



D SCOTT Jun 2 8 2019

# **COVER LETTER**

TO: Registration Section Division of Corpor				
SUBJECT: AFFO	radole Septi	C Service LLC ted Liability Company	<u>,</u>	
The enclosed Articles of Am	endment and fee(s) are subn	nitted for filing.		
Please return all corresponde	ence concerning this matter t	to the following:		
	Casey N	Name of Person	AND JUN	T)
	Afforda	ble Septic Service	27 A 3:	FILED
	204 Sna	Ideville Road		
	Crawfordy affordat	City/State and Zip Code	amail (Am	
•		to be used for future annual report not		
For further information conc	erning this matter, please ca	all:		
Casey M Name of Po		at (850) 509 Area Code Daytin	359U ne Telephone Number	
Enclosed is a check for the f	following amount:  ☐ \$30.00 Filing Fee &  Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status of Certified Copy	&
		(additional copy is cherosed)	(additional copy is enclose	cd)

### 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

Affordable Se	ptic Service Ll	
(Name of the Limited Lial (A Flor	bility Company as it now appears on or rida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Florida document number <u>L120000</u> 63°	Company were filed on $\frac{1}{52}$	3/2017 and assigned
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	imited liability company here:	77 <b>68</b>
The new name must be distinguishable and contain the words "L	imited Liability Company," the designat	
Enter new principal offices address, if applicable:	<del></del>	2
(Principal office address MUST BE A STREET ADd	DRESS)	
Enter new mailing address, if applicable:		ີ. ດາ 
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office as		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	pet address
	EINET FOR IMA SEPE	
	City	, Florida 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 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>	Name	<u>Address</u>	Type of Action
AMBR	William Zach Hale	204 Snadeville Road	<b>X</b> Add
		204 Snadeville Road Crawfordville, FL 32327	☐ Remove
			Change
		ALL A	Remove Change  Change
		ALLADASSEL FLO	> ☐ Remove
		3.	Change
	<del> </del>		Add
			□ Remove
			Change
	<del></del>	<del></del>	🗆 Add
		<del></del>	☐ Remove
			Change
			🗆 Add
			□ Remove
			Change

	ALL. E
	- NUL
	27
	<u>್ಷ</u>
	}- o
ctive date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date of fili If the date inserted in this block does not meet the applicable statutor	
iment's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an effective 90th day after the record is filed.	ctive time, at 12:01 a.m. on the earlie
a June 26 2019.	
0 1.	_
Signature of a member or authorized represe	entative of a member

Page 3 of 3

Filing Fee: \$25.00