L12000006352

Office Use Only



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AUG 1 0 2020 S. YOUNG

COVER LETTER

| | stration Section of Corp | | | | | |
|---------------------------------------|--------------------------|--|--|---|--|--|
| | Affordable S | Septic Service LLC | | • | | |
| SUBJECT: _ | _ | Name of Lim | ited Liability Company | | | |
| The enclosed a | Articles of A | Amendment and fee(s) are sub- | mitted for filing. | | | |
| Please return a | ill correspor | ndence concerning this matter | to the following: | | | |
| | | Robby Miller | | | | |
| | | | Name of Person | | | |
| | | Affordable Septic Service | LLC | ip Code annual report notification) 509-0376 Daytime Telephone Number Daytime Telephone Number Copy Certificate of Status & Certified Copy (additional copy is enclosed) Creet Address: Registration Section Division of Corporations The Centre of Tallahassee | | |
| | | | Firm/Company | | | |
| | | 204 Shadeville Road | | | | |
| | | | Address | | | |
| | | Crawfordville, FL 32327 | | | | |
| | | | City/State and Zip Code | | | |
| | | affordablesepticfl@gmail.co | | | | |
| For further info | ormation co | ncerning this matter, please ca | | report notification) | | |
| Robby Miller | | · | | P-0376 | | |
| | Name of | Person | Area Code | Daytime Telephone Number | | |
| Enclosed is a c | check for the | e following amount: | | | | |
| ≡ \$25.00 Fil | ling Fee | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enci | Certificate of Status & Certified Copy | | |
| Mailing Address: Registration Section | | · · · · · · · · · · · · · · · · · · · | | | | |
| Division of Corporations | | | Divisior | Division of Corporations | | |
| | Box 6321 ahassee, F | | | ntre of Tallahassee . Monroe Street, Suite 810 | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Affordable Septic Service LLC

(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 Con | npany were filed on 01/13/2012 | and assigned | |
|--|--|---|--|
| Florida document number L120000006352 | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limite | d liability company here: | | |
| The new name must be distinguishable and contain the words "Limited | d Liability Company," the designation "LLC" | or the abbreviation "L.L.C." | |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRE. | <u>(22</u> | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| | | | |
| B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent: | office address on our records, <u>enter t</u> | ne name of the new registered | |
| New Registered Office Address: | Enter Florida street address | | |
| | , Florida | | |
| | Ciry | Zip Code | |
| New Registered Agent's Signature, if changing Registered A | Agent: | | |
| I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change. | uplete performance of my duties, and nt as provided for in Chapter 605, F | l I am familiar with and .S. Or, if this document is | |
| į | 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> | <u>Address</u> | Type of Action |
|--------------|-------------------|-------------------------|----------------|
| MGR | Casey Miller | 204 Shadeville Road | |
| | | Crawfordville, FL 32327 | ■Remove |
| | | | |
| AMBR | William Zach Hale | 204 Shadeville Road | □Add |
| | | Crawfordville, FL 32327 | ■Remove |
| | | | □Change |
| MGR | Luke Steinle | 204 Shadeville Road | ■Add |
| | | Crawfordville, FL 32327 | □Remove |
| | | | |
| MGR | Connor Donnelly | 204 Shadeville Road | ≘ Add |
| | | Crawfordville, FL 32327 | □Remove |
| | | | □ Change |
| | | | □Add |
| | | . | Remove |
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| | | | _ | |
| Effective date, if other than the fan effective date is listed, the date mu Note: If the date inserted in this blocument's effective date on the D | ock does not meet the applic | able statutory filing re | (optional) than 90 days after filing quirements, this date | Pursuant to 605.0207 |
| record specifies a delayed effectived is filed. | e date, but not an effective ti | me, at 12:01 a.m. on t | he earlier of: (b) Th | ne 90th day after the |
| June 23 | 2020 | | | |
| Pated | | · | | |
| | Medde | | | |
| | Signature of a member or auth- | orized representative of a | member | |
| | • | | | |

Filing Fee: \$25.00