

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:





12/07/23--01006--020 **25.00



COVER LETTER

	Registration Division of C					
		Orain Services LLC				
SUBJEC	A:	Name of Lim	A			
The encl	osed Articles	of Amendment and fec(s) are sub	omitted for filing.			
		spondence concerning this matter				
		Steven Fishman				
			Name of Person			
		Trench Drain Srvices LLC	Trench Drain Srvices LLC Firm/Company			
		7820 Professiobal Place U	7820 Professiobal Place Unit 6			
			Address			
Tampa, FL 33637						
City/State and Zip Code						
		steve.fishman@trenchdrain	services.com (to be used for future annual report not)	fication)		
For furth	er informatio	n concerning this matter, please of	•			
Steven F	Fishman		813 376-4841 at ()			
Name of Person		e of Person		e Telephone Number		
Enclosed	l is a check fo	r the following amount:		7023 DEC		
≣ \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	P.O. Box 6	n Section f Corporations	Street Address: Registration Se Division of Co The Centre of T 2415 N. Monro	ction porations		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Trench Drain Srvices LLC						
(Name of the Limited Liabilit (A Florida	y Company as it now appears on our records.) Limited Liability Company)					
The Articles of Organization for this Limited Liability Co	ompany were filed on 06/001/2012	and assigned				
Florida document number L12000073480						
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 "Limi	ited 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 ADDR	(ESS)					
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BOX)						
B. If amending the registered agent and/or registered	l office address on our records, <u>enter the na</u>	me of the new registered				
agent and/or the new registered office address here:		2023				
Name of New Registered Agent:		0.00				
New Registered Office Address:	Enter Florida street address	1				
	. Florida	- C				
	City	Zip Code				
New Registered Agent's Signature, if changing Registered	l Agent:	· 1 6				

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 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
AMBR	Rita Ugianskis	7820 Professional Pl Unit 6	≣ Add
		Tampa, FL 33637	□Remove
			□Change
			□ Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			☐Add ☐ Remove
			□Remove
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			□Remove
			☐ Change

<u></u>						
				_		
					7202	
					202 DEC	, — ; ; ,
Effective date, i If an effective date i Note: If the date	f other than the date of s listed, the date must be speci inserted in this block does	filing:	date of filing or more th	(optional) an 90 days after filing uirements, this date	.) Pursuant to 605.0: will not be listed	207 (3)(b) as the
document's effec	tive date on the Departmer	nt of State's records.			門所	•

Filing Fee: \$25.00