113000070307

(Re	equestor's Name)	
(Ad	ldress)	
. (Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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J. SAULSBERRY EXAMPLEN

NOV 2 0 2013

COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT: ELLIO-	TT'S SEPTIC S Name of Limit	SERVICE LLC, ed Liability Company		
The enclosed Articles of A	amendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	John Burkey	Name of Person	25°	2013
	ELLIBTTS SE	PTIC SERVICE LLC. Firm/Company		2013 OCT 21
	3823 TAMIA	MI TRan # 134 Address	つ 一 で 記 記	îH 9: 02
	NAMES, FLOO	PIDA 34112 City/State and Zip Code		
	9970NS ONSI	TED UTA NOD - COM o be used for future annual report notificati	on)	
For further information co	ncerning this matter, please ca	all:		
JOHN BUI Name of	20 J Person	at (<u>713</u>) <u>791</u> <u>87</u> Area Code & Daytime Te	50 lephone Number	-
Enclosed is a check for the	e 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 S Certified Copy (additional cop	tatus &

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 Lightlity Company	over it now appears on our records)
(Name of the Limited Liability Compa (A Florida Limited L	iability Company)
(A Florida Limited L The Articles of Organization for this Limited Liability Company	were filed on 05/09/2013 and assigned
Florida document number 113000070 307.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
.	
The new name must be distinguishable and end with the words "Limi	ted Liability Company," the designation "LLC" or the abbreviation
"L.L.C."	
Enter new principal offices address, if applicable:	3823 TAMIAMI TRAIL. # 134
(Principal office address MUST BE A STREET ADDRESS)	NAPLES FLORIDA 34412
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	*
B. If amending the registered agent and/or registered of	
registered agent and/or the new registered office address her	<u>e</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

<u>tle</u>	<u>Name</u>	Address	Type of Actio
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_9	1-27- 2013 , 2013 .	
	Signature of a member or authorized rep	15m Ba

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Filing Fee: \$25.00

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