# #L13000094041

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K.SALY EXAMINER AUG - 6 2013

### **COVER LETTER**

TO: Registration Section
Division of Corporations

Affordable Wells And Maintenance, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

# Leann Walters

Name of Person

## Affordable Wells and Maintenance, LLC

Firm/Company

8517 Keller rd

Address

Panama City,FL 32404

City/State and Zip Code

leannjonesnotary@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leann Walters

\_850 \441**-866**2

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the 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

FILED

13 AUG -2 AM II: 42

SECAL PARY OF STATE
TALLAHASSEE, FLORIDA:

### Affordable Wells And Maintenance, 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 Liabili	ity Company were filed on 07/01/2013	and assigned
Florida document number L13QQQ94041	•	
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the design	nation "LLC" or the abbreviation
Enter new principal offices address, if applicable	•	
(Principal office address MUST BE A STREET A)	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX		
B. If amending the registered agent and/or registered agent and/or the new registered office		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida st	reet address
_		orida
	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:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Daniel Walters	8517 Keller Rd	Add
		Panama City, FL 32404	Remove
			<del></del>
			Add
			Remove
			Remove
			Add
***************************************			Remove
<del></del>			Add
			Remove
			Add
			Remove

). If amer	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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ated	2013.
	Len
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	D. 2.62

Page 3 of 3

Filing Fee: \$25.00