## 13000177240

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: Wrong Form
Office Use Only



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S. WARREN 0CT 1 3 2017



October 3, 2017

JEFFREY MATHIS MATHIS & SONS SEPTIC, LLC 4947 S. ORANGE AVE ORLANDO, FL 32806

SUBJECT: MATHIS & SONS SEPTIC LLC

Ref. Number: L13000177240

We have received your document for MATHIS & SONS SEPTIC LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 717A00020008

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

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## **COVER LETTER**

SUBJECT: Math	is 3 Sons ·	Septic, LLC	·•
	Name of Limite	d Liability Company	<del></del>
The enclosed Articles of Amenda	nent and fee(s) are submi	tted for filing.	
Please return all correspondence of	concerning this matter to	the following:	
	Jeff M.	Name of Person	
		Name of Person	<del></del>
<u></u>	Mathis 73	Sons Septic	LLC.
40	947 J. O.	-ange Avenu-	<u>e</u>
		Address	
E	Orlando, Fu	- 32806 City/State and Zin Code	
		the state of the s	
WZ	His and Sonss E-mail address: (to	5074009moil . CO1	notification)
For further information concerning	ng this matter, please call	:	
TOLK MINUS	<del>-</del> .	467 . 857	-6780
Name of Person		at ( <u>467</u> ) <u>857</u> Area Code Day	time Telephone Number
Enclosed is a check for the follow	ving amount:		
	0.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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		y as it now appears on our reability Company)	 cords.)
(8	V Florida Limited Lic	ibility Company)	<del></del> ;
The Articles of Organization for this Limited Liab	bility Company w	rere filed on <u>12/18/2</u>	2013 and assigned
Florida document number <u>L13000/772</u>	<u>40</u> .		
This amendment is submitted to amend the follow	ving:		
A. If amending name, <u>enter the new name of t</u>	he limited liabili	ity company here:	
NA			
N/A  The new name must be distinguishable and contain the wor	rds "Limited Liability	y Company," the designation '	"L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicat	ble:	_N/A	
(Principal office address MUST BE A STREET			
		<u> </u>	
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE B)	<u>0X)</u>		
B. If amending the registered agent and/or registered agent and/or the new registered offi  Name of New Registered Agent:	ce address here:		
New Registered Office Address:	NA		
		Enter Florida street a	ddress
			, Florida
		Cuy	Zip Code
New Registered Agent's Signature, if changing Real Pereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registable heing filed to merely reflect a change in the recompany has been notified in writing of this contains the company has been notified in writing of the company has been notified in writing of the contains and the contains are also been notified in writing of this contains and the contains are also been notified in writing of the contains and the contains are also been notified in writing of the contains are also been notified in writing of the contains are also been notified in writing of the contains are also been notified in writing of the contains are also been notified in writing of the contains are also been notified in writing of the contains are also been notified in writing of the contains are also been notified in writing of the contains are also been notified in writing of the contains are also been notified in writing of the contains are also been notified in writing of the contains are also been notified in writing of the contains are also been notified in writing of the contains are also been notified in writing are also been notified in writing and also been notified in writing are also been notified in writing and also been notified in writing are also been notified in writing as a contains are also been notified in writing and also been notified in writing are also been notified in writing and also been notified in writing are also been notified in writing and also been	agent and agree r and complete p vered agent as pr registered office a hange.	erformance of my dutie, vovided for in Chapter 6 uddress, I hereby confirt ing Registered Agent, <u>Signa</u>	s, and I am familiar with and 605, F.S. Or, if this document is n that the limited liability
			-

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
Manage-	Jethrey Mathis II		🗖 Add
		POBOX 59006 5 Orlando FL 32859-	CC65 Remove
			Change
			Remove
			Change
			🗖 Add
			Remove
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<del></del>			Add
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		<u> </u>	HORDANA Change
			35 <b>35</b>

it amending any oth	er information, enter	change(s) here: (Attach	adamonai sneeis, ij nece	essary.)
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ffective date, if oth an effective date is listed	er than the date of fili	ng:nd cannot be prior to date of fil	ing or more than 90 days after	o <b>nal)</b> r filing.) Pursuant to 605,0201
ote: If the date inser	ted in this block does not late on the Department of	meet the applicable statuto	ory filing requirements, this	s date will not be listed as
ocument 3 circuit c	and of the Department of	butt y records.		
	s a delayed effective ter the record is filed	date, but not an effe i.	ctive time, at 12:01 a	a.m. on the earlier o
ated <u>Oc</u> tobe	. 9	2017		
area <u>Controle</u>	111.4			24. <b>3</b>
	Jel M/2	th,5		8
	[Signature of	a member or authorized repre-	sentative of a member	11 11 11 11 11 11 11 11 11 11 11 11 11
	3eff Ma	this		
		Typed or printed name of s	ignee	$\mathbb{P}_{\mathcal{S}}$ $\mathbb{T}$
				: 32 TATE ONID:
		Page 3 of 3		1.

Page 3 of 3

Filing Fee: \$25.00