140002236

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





100420656631

12/21/23--01014--015 ++25.00

118/50

INT SAN OF STATE
SECOND FOR THE SECOND SECON

COVER LETTER

то:	Registration Sec Division of Corp					
SUBJEC	~ ~	ackflow Testing & Irrigation	LLC			
SOBSER	-1.	Name of Lim	ited Liability Company	1		
		mendment and fee(s) are sub	-			
		Brooke C. Forrester				
		~=-	Name of Person			
		Affordable Backflow Testi	ing & Irrigation LLC			
			Firm/Company			
		3423 Holland Dr.				
			Address			
		Brandon, FL 33511				
			City/State and Zip Code			
		affordablebackflowtesting@			202 Si	
For furth	er information co	E-mail address: (neerning this matter, please co	to be used for future annual report notificall:	cation)	B DEC 2	
David H	. Forrester		813 684-3386 at ()		SSS	F .
	Name of	Person		Telephone Number	2023 DEC 21 AN 8: 18 SEGLE MASSEE, FL	
Enclosed	l is a check for the	following amount:			m w	
	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Certified Contact (additional contact)	of Status &	
	Mailing Address		Stroot Address:			

TO:

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Affordable Backflow Testing & Irrigation LLC	on our records		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) d Liability Company)		
The Articles of Organization for this Limited Liability Compar Florida document number		and assigne	ed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lix	ability company here:		
The new name must be distinguishable and contain the words "Limited Lia	-Lilin Company" the designation "LLC" or the	abbreviation "L.L.C	
The new name must be distinguishable and contain the words "Limited Lis	aninty Company, the design		
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		2023 SEC	
B. If amending the registered agent and/or registered offi	ice address on our records, <u>enter the n</u>	ame of the new I	Dares Garesa co
agent and/or the new registered office address here:		رن ^{۱۳۰} ۰	
		SEE'S	
Name of New Registered Agent:			
New Registered Office Address:		<u>H8</u>	
New Registered Office Figures.	Enter Floridu street address		
	, Florida	Zip Code	
	City	Esp Com	

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 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>	<u>Address</u>	Type of Action
MGR	Brooke C. Forrester	3423 Holland Dr., Brandon, FL 33511	≣ Add
			□Remove
			Change
			□Remove
			□ Change
			\$5.00 PM TF
			200 DEC Comover
			ASSEE STA
			EPI - 8
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove

				P	_
				<u> </u>	_
					-
					⊶
					_
			 		_
					_
**************************************	·····				_
					_
		*			_
			··········		-
				7023 SEC	_
***************************************				3 DEC	- :
				C21 AHAS	_ !
				음을 죽	_
				8: 1 STA:	
				- π ∞	
ective date, if other than the dat a effective date is listed, the date must be	te of filing: 1-1-2024		(option	al)	
te: If the date inserted in this block	does not meet the appli	cable statutory filing	e than 90 days after fil requirements, this d	ling.) Pursuant to 60 late will not be lis)5,020 sted a
cument's effective date on the Depar	tment of State's record	S.			
ecord specifies a delayed effective da	te, but not an effective	time, at 12:01 a.m. or	the earlier of: (b)	The 90th day aff	er the
is filed.	,	,		,	
17-10	23				
ted $12-18$	Burdee C	 	Her		
	110-110	CHITTER	U//_		
1.4	nature of a member or auti				

. . . .

Filing Fee: \$25.00