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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CHILDERS ONSITE SEPTIC SERVICE, 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:
COREE L. HALL
Name of Person
Firm/Company
P.O. BOX 276
Address
GREEN COUE SPRINGS, FE 32043
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
P.O. BOX 276 Address GREEN COVE SPRINGS, FZ 320433 City/State and Zip Code HERNANDEZ 1040 TAX @ GMAIL COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
C = 000 / 1144
COREE L. HALL at 904 276-0332 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$\bigcup \text{\$55.00 Filing Fee & 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

CHILDERS ONSITE SEPTIC SERVICE LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Flo	orida Limited Liability Company	, /	
The Articles of Organization for this Limited Liability Florida document numberL/4000/08	ry Company were filed on _	07/08/14	_ and assigned
This amendment is submitted to amend the following);		
A. If amending name, enter the new name of the	limited liability company	<u>here</u> :	
The new name must be distinguishable and end with the words	"Limited Liability Company," the	ne designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		;	20
(Principal office address MUST BE A STREET AL	ODRESS)		
			(A) (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	2		2 N. C.
			<u>)</u> ;
B. If amending the registered agent and/or registered agent and/or the new registered office a		on our records, <u>enter th</u>	e name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter F	lorida street address	
	City	, Florida	Zip Code
New Degistered Agent's Signature if changing Degist	•		Lip Code

New Registered Agent's Signature, it 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Ma AMBR = Au	nager thorized Memb			
<u>Title</u>	<u>Name</u>		Address	Type of Action
MGR	Roy	K.CHILDERS JR.	P.O.BOX GREEN CON	276 (Add 1E SPRINGS, E 32043
				□ Add
				Remove
				Add Remove
				001 24
				Add
				Remove
•				
				□ Remove

If amending any other information, enter change(s) here: (Attach ad	lditional sheets, if necessary.)
	<u> </u>
	
Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of receipt or filed date and can the date this document is filed by the Florida Department of State)	(optional) nnot be more than 90 days after
Dated $10/21$, 14 .	
1100	
- College Afill	
Signature of a member or authorized represen	tative of a member
Signature of a member or authorized representation of the state of the	

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Filing Fee: \$25.00

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