L/4000122031

(Re	equestor's Name)	<u> </u>
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COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT: AFG	dable Septic Name of Limit	Solutions LL ted Liability Company	<u>.C</u>
The enclosed Articles of Am	endment and fec(s) are subn	nitted for filing.	
Please return all corresponde	nce concerning this matter t	o the following:	
	Dura	Bryant Name of Person	
	Afforda	ble Septie Sol	utions LLC
	14261 N	W 24th Avenue	
	Dps 1	ocka FL 33054 City/State and Zip Code	
. 	E-mail.address: (10	be used for luture annual report n	otification)
For further information conc	erning this matter, please ca	11:	
Cheryl Ross Name of Pe	rson	at (365) 206 Area Code Days	5995 ime Telephone Number
Enclosed is a check for the fi	ollowing 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

(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 Liability Company were filed on
Florida document number <u>L14000122031</u> .
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words. "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
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)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
registered agent and/or the new registered office address here.
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:
Thereby 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 famile chability

If Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	Name	Address	Type of Action
MGR	Dora D Bryant Jr	1601 NW 175th Street	Add
		Miami, FL 33169	Remove
			□·Change
			Add.
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	the date of filing:	:	ling or more than 90 days	optional)	605.020
Affective date, if other than	· I - I - I - I - I - I - I - I - I - I	cet the applicable statute	ory filing requirements	s, this date will not be l	listed a
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