

L140000175262

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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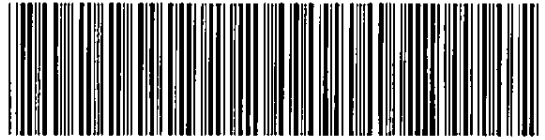
(Business Entity Name)

(Document Number)

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12/18/24

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S. PRATHER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BILL DEAROLF WELL & PUMP 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:

TAYLOR WILLIS

Name of Person

Firm/Company

31410 PRESTWICK AVE

Address

MT PLYMOUTH FL 32776

City/State and Zip Code

BILLDEAROLFWELLPUMP@GMAIL.COM

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

For further information concerning this matter, please call:

JULIE WILLIS

407 310-9704
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 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**

BILL DEAROLF WELL & PUMP SERVICE 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 Liability Company were filed on 11/12/2014 and assigned
Florida document number L14000175262.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

31410 PRESTWICK AVE

MT PLYMOUTH FL 32776

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

31410 PRESTWICK AVE

MT PLYMOUTH FL 32776

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:

Name of New Registered Agent:

TAYLOR WILLIS

New Registered Office Address:

31410 PRESTWICK AVE

Enter Florida street address

MT PLYMOUTH

Florida 32776

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 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.

Taylor Willis
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

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JUDITH DEAROLF	1310 DELANEY DR	<input type="checkbox"/> Add
		WINTER SPRINGS FL 32708	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	WILLIAM DEAROLF	1310 DELANEY DR	<input type="checkbox"/> Add
		WINTER SPRINGS FL 32708	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JULIEANN WILLIS	1310 DELANEY DR	<input type="checkbox"/> Add
		WINTER SPRINGS FL 32708	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	TAYLOR WILLIS	31410 PRESTWICK AVE	<input checked="" type="checkbox"/> Add
		MT PLYMOUTH FL 32776	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CHELSEA WILLIS	31410 PRESTWICK AVE	<input checked="" type="checkbox"/> Add
		MY PLYMOUTH FL 32776	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated DECEMBER 06, 2024

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00