L15000082661

(R	equestor's Name)	
(A	ddress)	
(A	address)	
(C	City/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(E	Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to	o Filing Officer:	

Office Use Only



300273291243

06/04/15--01022--007 ***30.00

SECRETARY OF STATE
15 JUN -4 AM 11: 09
SECRETARY OF STATE
SECRETARY OF STATE
SECRETARY OF STATE
SECRETARY OF STATE

JUN 0 5 2015

3 MASON

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: AMERICAN Septic Services 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:
Rose MARY Roder guez Name of Person
AMERICAN Septic Services LLe Firm/Company 38 24 Kenyan Rd Address
Cubana 3963 @ VAHAO COM
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
RoseMary Lodelgue 2 at (561) 339-5835 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times\$ \$30.00 Filing Fee \$\times\$ \$\times\$ \$55.00 Filing Fee \$\times\$ \$\t
MAILING ADDRESS: Registration Section Division of Corporations STREET/COURIER ADDRESS: Registration Section Division of Corporations STREET/COURIER ADDRESS: Division of Corporations

P.O. Box 6327 Taliahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION OF

AMERICAN Scot	Le Scruices d	110	
(Name of the Limited Liability Commany a (A Florida Limited Liabi	s it now appears on our records.) lity Company)		
The Articles of Organization for this Limited Liability Company we Florida document number 415000082661.	re filed on $\frac{5/11}{2}$	<u> 2/ ブ</u> and 8	assigned
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)		·	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office	e address on our records, <u>e</u>	nter the nam	e of the new
registered agent and/or the new registered office address here:		SECRE	SECRET
Name of New Registered Agent:		ASSET L	DATE:
New Registered Office Address:	Enter Florida street address	TO P	ORPO ORPO
	Enter Piorital Street address	SIATE OS :1	RATIC
	City	Zip Coo	le 🔀

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 Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member <u>Title</u> **Address Type of Action** <u>Name</u> CROSSVILLE, TN 38571 PRemier William Diescheel AMBR □ Remove ☐ Change Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Add

☐ Change

, · •	
	· · · · · · · · · · · · · · · · · · ·
_	
_	
_	
_	
_	
_	
_	
_	
.	
(If an efi Note:	ive date, if other than the date of filing:
If the red (b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	SECRETARY OF CORPO Signature of a member of anthorized representative of a member Signature of a member of anthorized representative of a member
	Rose Mary Rode Guer DRATE Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00