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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	#)
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☐ PICK-UP	WAIT	MAIL
/P.	siness Entity Name	<u> </u>
(80	siness Entity Name	=)
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
		
Special Instructions to	Filing Officer:	

Office Use Only



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2024 CCT 25 | All 6: 12



All Septic Systems, LLC 1153 SW Skates Street Arcadia, FL 34266 863-494-0004

October 17, 2024

Dept of State Division of Corporations PO BOX 6327 Tallahassee, FL 32314

To Whom it may concern,

I am removing Tara L Furr as registered agent and managing member from All Septic Systems, LLC as of today, October 17, 2024. Please see attached paperwork.

Regards,

Larry G **F**urr Jr.

All Septic Systems, LLC

COVER LETTER

Division of Corp	orations		
SUBJECT: All	Septic syste	ms LCC	
	Name of Lim	uted Liability Company	
The enclosed Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Larry 1	Fuv Jv Name of Person	
	All Septi	C Systems LU	
	1153 SW	SKatts St.	
	Avcadea	PC 34266 City/State and Zip Code	
	into calls.	HICSYSTEMS U.C. of to be used for future annual report notifi	Com fication)
For further information co	ncerning this matter, please ca	all:	
lang Fur	VJR	at (<u>\$63</u>) 494 Area Code Daytine	0004
V Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	following 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)
Mailian Addans		Struct Address	

Registration Section

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

(Name of the Limi	ted Liability Compar (A Florida Limited L	ny as it now appears lability Company)	on our records:) 25	AX 8: 12
The Articles of Organization for this Limited L	iability Company	were filed on	— William	and assigned
Florida document number				
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of	of the limited <u>liabi</u>	lity company her	<u>2</u> :	
The new name must be distinguishable and contain the	words "Limited Liabili	ity Company," the des	ignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		·	
(Principal office address MUST BE A STREE	ET ADDRESS)			
				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	BOX)			
B. If amending the registered agent and/or	•••	ddress on our rec	ords, <u>enter the na</u>	me of the new register
agent and/or the new registered office addre	<u>ss nere</u> :			
Name of New Registered Agent:	Lar	ry 6	FURE S	TR
New Registered Office Address:	1153	SW SK	ales St.	
	_Arcad	1	Florida _	34266
	_	Civ		Zin 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.

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>	Type of Action
η <u>.Μ.</u>	Tora L Furr	US3 SW Skates St.	DAdd
			ZRemove
			□Change
			□Add
			□Remove
			□ Change
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(If an e Note:	tive date, if other than the date of filing:
the rece	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Dated	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member Lazny Gene Fuzz Ja. Typed or printed name of signee

Filing Fee: \$25.00