h16000032872

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Consideration to the City of Consideration
Special Instructions to Filing Officer:
-





700374009607

10/94/21--01033--002 **60.00



2

COVER LETTER

Divi	sion of Corp	ction porations	• •		
	SEPTIC INS	SPECTIONS ONLY, LLC			
CI:	Name of Limited Liability Company				
losed	Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
eturn	ail correspor	ndence concerning this matter	to the following:		
		PAUL L CARROLL			
			Name of Person		
		SEPTIC INSPECTIONS O	NLY, LLC		
			Firm/Company	 	
		5341 NW CONLEY DRIV	Œ		
			Address		
		PORT ST. LUCIE, FLORI	DA 34986		
			City/State and Zip Code		
		=			
				ification)	
her in	formation co	oncerning this matter, please ca	all:		
L CAI	RROLL		772 349-1452		
	Name of	Person		ne Telephone Number	
edisa	check for th	e following amount:			
5.00 Fi	iling 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)	
	losed eturn:	SEPTIC INS losed Articles of A eturn all correspon her information co	SEPTIC INSPECTIONS ONLY, LLC Name of Limitation of Amendment and fee(s) are subseturn all correspondence concerning this matter PAUL L CARROLL SEPTIC INSPECTIONS OF STATE	SEPTIC INSPECTIONS ONLY, LLC Name of Limited Liability Company losed Articles of Amendment and fee(s) are submitted for filing. eturn all correspondence concerning this matter to the following: PAUL L CARROLL Name of Person SEPTIC INSPECTIONS ONLY, LLC Firm/Company 5341 NW CONLEY DRIVE Address PORT ST. LUCIE, FLORIDA 34986 City/State and Zip Code septicinspectionsoffice@gmail.com E-mail address: (to be used for future annual report not her information concerning this matter, please call: L CARROLL Name of Person Area Code Daytin d is a check for the following amount: 5.00 Filing Fee \$55.00 Filing Fee & Certified Copy	

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

SEPTIC INSPECTIONS ONLY, LI		
(Name of the Limite	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Li	ability Company were filed on 02/16/2016	and assigned
lorida document number L16000032872		
his amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	the limited liability company here:	
he new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	
Principal office address MUST BE A STREE	T ADDRESS)	
	<u> </u>	
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	<u></u>	
If amending the registered agent and/or regent and/or the new registered office addres	egistered office address on our records, <u>enter the na</u> is here:	me of the new regist
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:

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 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>	Name	Address	Type of Action
MGR	Talisa Gomez-Sholander	5341 NW CONLEY DR	□Adđ
		PORT ST. LUCIE, FLORIDA 34986	■Remove
			□Change
MGR	Hank Temples	5341 NW CONLEY DR	= Add
		PORT ST. LUCIE, FLORIDA 34986	□Remove
			□Change
			□Remove
			Change
		_	□Add
			□Remove
			Change
		_	□ A d d
			□Remove
			□Change
		_	□Add
			□ Remove
			□Change

					
	7-2-2-2				
					<u>.</u>
		,		17	
	_				
	<u></u>		 -	<u></u> .	
					
			<u> </u>		
-					
Effective date, if other than the d f an effective date is listed, the date must be Note: If the date inserted in this blockdocument's effective date on the Dep	be specific and cannot be ck does not meet the a	pplicable statutor;	ig or more than 90 day		
e record specifies a delayed effective of is filed.	date, but not an effect	ive time, at 12:01	a.m. on the earlier	of: (b) The 90th day	after the
Dated September 29		·			
Paul L Carrol	Ignature of a member or	authorized represer	ntative of a member		_
Paul L. Canady Paul L. Carroll	gnature of a member or	authorized represer	ntative of a member	<u> </u>	_

Filing Fee: \$25.00