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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Dependable Septic B 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:
Sasha Stevens
Name of Person
Firm/Company
43100 Wand Ct
Vero Beach, FL 32967 City/State and Zip Code
de rendable se dic l'aganail . Com li-mail address: (to be used for future annual report (w) fication)
For further information concerning this matter, please call:
Sasha Stevens at (772) 380-2900 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S60.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}

MAILING ADDRESS:

TO:

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

Dependable Sept	Company as it now appears on out records.) imated Liability Company)
The Articles of Organization for this Limited Liability Cor	mpany were filed on 6/06/17 and assigned
Florida document number <u>L170001237</u> L	dO and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	d liability company here:
The new name must be distinguishable and contain the words "Limited	I Liability Company." the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	
_	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on our records, <u>enter the name of the new</u> s <u>here</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
San Darine and A. A. A.	Cuy Zip Cock
New Registered Agent's Signature, if changing Registered Agentic	ent:

N

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 = At	thorized Member		
Title AMBR	Name Chris Bracken	<u>Address</u> 4996 49+11 St	Type of Action
		4996 49+11St Voco Beach, FL 3296	Z Remove
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e record specifi The 90th day a	es a delayed effec after the record is	tive date, filed.	but not a	an effective	time, at 12	2:01 a.m.	on the	earlie	r of
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Page 3 of 3

Filing Fee: \$25.00