11800)1865560

(F	Requestor's Name)
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COVER LETTER

TO: Registration Sec Division of Corp			
SURJECT: All F	MERICAN SE	PTIC SEWER A	NO DRAINAGE
oebober: ,	Name of Lim	ited Liability Company	
TT 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		. A. A. Con. City.	
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspor	idence concerning this matter	to the following:	
	KHOR	S, Knw Name of Person	
	ALL AMERICAN	SEPTIC SCWER AN	DRAIDACE LLC
	6434 TE	RRA ROSA CIR	UE
	BOYNTO SM POWE E-mail address:	City/State and Zip Code R ZOOO PAOL to be used for future annual report notice	33472 . CoM fication)
For further information co	ncerning this matter, please co	all:	
KHORI Name of	S. KANC	at (<u>58/</u>) <u>694</u> Area Code Daytim	9220 e Telephone Number
Enclosed is a check for the	e 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)
Registra Division P.O. Bo	NG ADDRESS: ation Section of Corporations x 6327 see, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co	on rations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

DRAINAGE LLC SEPTIC SEWER AND

The Articles of Organization for this Limited Liability Company w	ere file	d on _	8-3	3-20	18 ar	nd assig	gned
Florida document number <u>L 18000 18655 6</u>							
This amendment is submitted to amend the following:							
A. If amending name, enter the new name of the limited liabili		4 -		4.6.6	iic		
The new name must be distinguishable and contain the words "Limited Liability	ピス Compan	y," the	JKAIN designation	1LLC" or the	abbreviati	on "L.L.	.C."
Enter new principal offices address, if applicable:	<u>'</u>		AL				
(Principal office address MUST BE A STREET ADDRESS)	,,						
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			N-F	}	SEG.	18 SEP	<u></u>
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce addi	ress o	n our rec	ords, <u>ent</u>	er the m	9 A 10 0	The nev
Name of New Registered Agent:	N	A		·	<i>,</i> `		
New Registered Office Address:		nter Flo	orida street ad	ldress	· · · · · · · · · · · · · · · · · · ·	<u>. </u>	
				, Florida	Florida		
New Registered Agent's Signature, if changing Registered Agent:	City				Zip ·	Code	

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>	Address	Type of Action
MBR	RAYMOND S. KANE	8301 S.INDIAN RIVER DR	•
		FORT PIERCE, FL 34982	□ Remove
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