## L19 CCC 152 472

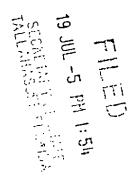
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## **COVER LETTER**

Division of C	Corporations		
CIB IECT.	Jeremy's Septic Services, LLC	C	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fec(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Jeremy C. Philbeck		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	Jeremy's Septic Services, 1	LLC	
		Firm/Company	
	4675 Georgia Pines Drive		
	<del></del>	Address	
	West Palm Beach, FL 334	15	
	septicking1987@gmail.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notif	ication)
For further information	n concerning this matter, please ca	all:	
Jeremy C. Philbeck		561 713-7858	
Name	e of Person	Area Code Daytime	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)

MAILING ADDRESS:

5 i

TO:

**Registration Section** 

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 OF

Jeremy's Septic Services, LLC		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	y were filed on <u>06/10/2019</u>	and assigned
Florida document number L19000152472		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		<del>,</del>
Entou now molling address if analisables		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		the name of the ne
registered agent and/or the new registered office address ner	<u></u>	
Name of New Registered Agent:	!	
New Registered Office Address:	Enter Florida street address	<u> </u>
<del></del>	, Florida	Zip Cotte
New Registered Agent's Signature, if changing Registered Agent	•	The exp
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete		

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Name</u>		<u>Address</u>	Type of Action
MGR	David Kraftchak		17930 82nd Road North Loxahatchee, FL 33470	■ Add
				□ Remove
				□ Change
				□ Add
				☐ Remove
				☐ Change
				□ Add
				Remove
				□ Change
				Add
		`		☐ Remove
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				☐ Change

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an cf ote:	ive date, if other than the date of filing:
e re 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.
ated	Signature of a member or authorized representative of a member
	Spendicte of a member of auditorized representative of a member