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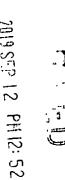
(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Duginaga Estity Mama)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:

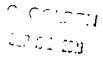




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COVER LETTER

Division of Co	rporations		
CUDIFCT.	Jeremy's Septic Services, I	LC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Jeremy C. Philbeck		
	Jeremy's Septic Services	Name of Person	
	4675 Georgia Pines Drive	Firm/Company	
	West Palm Beach FI 33415	Address	
	jeremysseptic@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	lication)
For further information	concerning this matter, please ca	all:	
Jeremy C. Philbeck		561 713-7858 at ()	
Name	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:

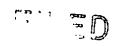
TO:

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 Liabilit</u> (A Florida	ty Company as it now appears on our r Limited Liability Company)	ecords.)	
The Articles of Organization for this Limited Liability Conference L19000152472	ompany were filed on <u>06/10/2019</u> 	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ited liability company here:		
The new name must be distinguishable and contain the words "Limit	ited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	VESS)		
	18.47 ***		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	-		
B. If amending the registered agent and/or registered agent and/or the new registered office additional and/or the new registered and/or the n		cords, <u>enter the name of the nev</u>	
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	Enter Florida street o	nddress	
	, Florida		
-	City	Zip Code	
New Registered Agent's Signature, if changing Registered	d Agent:		
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and confidence the obligations of my position as registered as being filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance of my dution gent as provided for in Chapter	es, and I am familiar with and 605, F.S. Or, if this document is	

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
MGR	David Kraftchak	17930 82ND ROAD NORTH LOXAHATCHEE, FL 33470	
			■ Remove
			Change
 			Add
			□ Remove
			Change
			☐ Remove
			Change
			□ Add
			☐ Remove
		 	☐ Change
			Add
			□ Remove
			☐ Change
			Add
			□ Remove
			Change

(If an e <u>Note</u>	tive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.
	September 9th 2019
Date	1
Dated	4-1-11
Dated	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00