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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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V SULKEF

Advanced Incorporating Service

1317 California Street P.O. Box 20396 Tallahassee, FL 32316 Phone: 850-222-CORP Fax: 850-575-2724 Email: wlopez@aisincfl.com Website: www.aisincfl.com

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PICK ONE: CERTIFIED COPYC.U.S.
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FILING:
CORPORATIONLLCLIMITED PARTNERSHIPGENERAL PARTNERSHIP
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FOREIGN QUALIFICATIONJUDGMENT LIEN
OTHER
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Of
APOSTILLE/CERTIFICATION REQUEST:
Country
Amount of Documents
DATE 2/10/21 TIME
Notes:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DOODY CALLS SEPTIC SERVICES LLC.	
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) lability Company)
The Articles of Organization for this Limited Liability Company Florida document number L21000047978	were filed on $\frac{01/26/2021}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	944 Country Club Blvd Unit 108
(Mailing address MAY BE A POST OFFICE BOX)	Cape Caral, FL 33990
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	Carmond Dold Jr.
New Registered Office Address: 9	Enter Florida street address
c-p: C.	City Florida 33990 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.

IT 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>	Name	Address	Type of Action
AP	MARK MOORE	944 COUNTRY CLUB BLVD, STE 108	
		CAPE CORAL, FL 33990	≣ Remove
			□Change
MGR	RAYMOND DOLD 57	944 COUNTRY CLUB BLV STE 108	\exists Add
		CAPE CORAL, FL 33990	□Remove
			□Change
			□Add
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