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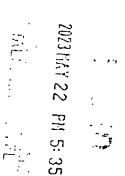
(F	Requestor's Name)	
(A	Address)	
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	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
	Business Entity Name)	
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Certified Copies	Certificates of	Status
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Special Instructions t	to Filing Officer:	
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Office Use Only



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## **COVER LETTER**

Division of Cor Hernando C	County Septie, LLC				
a	JECT:  Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Randall S Bluhm				
		Name of Person			
	Hernando County Septic L	LC			
		Finn/Company			
	2081 Corydon Ave				
		Address			
	Spring Hill, Fl. 34609				
		City/State and Zip Code			
	rbluhm@tampabay.rr.com	to be used for future annual report noti			
For further information c	oncerning this matter, please or	·	neation)		
Randall Bluhm		352 279-0969			
Name o	f Person	at () Area Code Daytim	e Telephone Number		
Enclosed is a check for the	ne 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 Addres Registration 5		Street Address: Registration Se	ction		
Division of Corporations		Division of Corporations			
P.O. Box 6327		The Centre of T	l'allahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

X

Tallahassee, FL 32314

TO:

Registration Section

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.



2023 KAY 22 PM 5: 35

Hernando County Septic LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{09/10/2021}{1}$ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

City

\_, Florida \_\_\_

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
AMBR	Peter J Jacopelli	3175 Grayton Drive, Spring Hill, Fl. 34609	₹Add
			□Remove
		<u> </u>	□Change
		□Add	
		Remove	
			□Change
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(If an eff Note:	ive date, if other than the date of filing:
he recor ord is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	5/18/2023  Signature of a member or authorized representative of a member
	Randali S Bluhm
	Typed or printed name of signee

Filing Fee: \$25.00