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## **COVER LETTER**

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Registration Section
Division of Corporations

TO:

Lift Station	Solutions, LLC			
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Jim Reed			
		Name of Person		
	Star Property Management			
		Firm/Company		
	9615 Wes Kearney Way			
		Address		
	Riverview, FL 33578			
	<del></del>	City/State and Zip Code	· · · · · ·	
	reed5115@gmail.com			
	E-mail address: (	to be used for future annual report not	ification)	
For further information c	oncerning this matter, please co	all:		
Jim Reed		813 927-8395 at ()		
Name of Person		Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	ne following amount:			
<b>■</b> \$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		<u>Street Address:</u> Registration Se	ection	
Registration Section Division of Corporations		_	Division of Corporations	
P.O. Box 632	7	The Centre of	Tallahassee	
Tallahassee, FL 32314		2415 N. Monro	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lift Station Solutions, LLC			
(Name of the Limited Liability Compa (A Florida Limited I.	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on August 8, 2022	and assigned	
Florida document number 1.22000375442			
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	lity company here:		
Lift Station Solutions of Central Florida, LLC			
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" o	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	_		
Principal office address MUST BE A STREET ADDRESS)		2022 TA	
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		3月 6	
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Enter new mailing address, if applicable:		E.F.	
Mailing address MAY BE A POST OFFICE BOX)			
		<u> </u>	
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	nddress on our records, <u>enter th</u>	e name of the new regist	
Name of New Registered Agent:			
New Registered Office Address:	e 0		
	Enter Florida street address		
	, Flori		
	City	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.

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	
AMRR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□ Change
			□Add
			Remove
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Effective date, if other than the (If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	t be specific and cannot be pricock does not meet the appli	cable statutory filing	(optional) re than 90 days after filing.) requirements, this date v	Pursuant to 605.0207 ( vill not be listed as t
ne record specifies a delayed effective ord is filed.	e date, but not an effective	time, at 12:01 a.m. or	n the earlier of: (b) The	90th day after the
Dated December 12	2022			
Direct				
	Signature of a member or aut			
	Signature of a member of aut	norized representative o	i d <del>'impany</del> ci	

Typed or printed name of signee