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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : THE SILVERMAN LAW FIRM, P.A.

Account Number : I20210000010 Phone : (727)498-5207 Fax Number : (727)477-1156

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address: patti@fcs-inc.org

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FLA BS, LLC

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	Registration Se Division of Cor	etion			
	FLA BS, LI	LC		•	
Subjec			ited Liability Company	<del></del>	
The engle	sed Articles of	Amendment and fee(s) are sub	mitted for filing		
		indence concerning this matter			
		Patricia A. DiBenedetto			
			Name of Person	<del></del>	
			Firm/Company	<del></del>	20
		3813 126th Avenue North			2022 NOV
			Address		58. T
		Clearwater, Florida 33762			ng( ω no m
		patti@fcs-inc.org	City/State and Zip Code		PK 12:
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For furth	er information c	oncerning this matter, please c	all:		
Patricia /	A. DiBenedetto		727 576-1111 ut ()		
_	Name o	f Person		c Telephone Number	
Enclosed	is a check for the	he following amount:			
<b>≡</b> \$25,0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclused)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed	
	Malling Addres Registration		Street Address: Registration Se	ction	
	Division of C	Corporations	Division of Cor	porations	
	P.O. Box 632 Tallahassee, l		The Centre of T 2415 N. Monro	allahassee e Street, Suite 810	

Tallahassee, FL 32303

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLA BS, LLC		_		
(Name of the Limited Liability (A Florida L	Company 25 it now appears a imited Liability Company)	n our records.)		
The Articles of Organization for this Limited Liability Cor Florida document number <u>L22000388631</u>	mpany were filed on Septer	mber 6, 2022	_ and assign	ied
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	ed liability company here	;		
Grease and Septic Solutions, LLC				
The new name must be distinguishable and contain the words "Limite	d Liability Company," the design	gnation "LLC" or the abbre	viation "L.L.C	
Enter new principal offices address, if applicable:			<u> </u>	26_
(Principal office address MUST BE A STREET ADDRE	(SS)		1.	22
				<b>022 1</b> 004 - 3
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Enter new malling address, if applicable:			n.	<u></u>
(Mailing address MAY BE A POST OFFICE BOX)	<del></del> -		= (7)	Ph 12 5
	<del></del>	·	# 22	5
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:  Name of New Registered Agent:		orus, <u>enter the name t</u>	A the new t	
New Registered Office Address:	Enter Florida	street address	_	
		V71 ' 3		
	City	, Florida	Zip Code	
New Registered Agent's Signature, if changing Registered	Agent:			
I hereby accept the appointment as registered agent ar provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performance of m ent as provided for in Che	y duties, and I am fan apter 605, F.S. Or, if	illiar with a this docume	and
	If Changing Registered Agent	t, Signature of New Regist	ered Agent	_

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

or remo	ved from our records:		
	Manager = Authorized Member		
Title	Name	Address	Type of Action

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docar	icht's checure date on the Department of State's records.	
the reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (h) The 90th day a filed.	fter the
	11-2-22. 2022	
Dated		
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