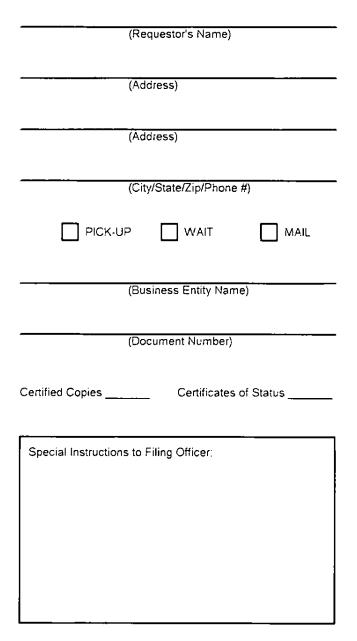
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Office Use Only



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## **COVER LETTER**

Tallahassee, FL 32314

	Registration Se Division of Cor					
SUBJEC		Service LLC				
SUBJEC		Name of Limit	ed Liability Company	<del></del>		
The encl	osed Articles of	Amendment and fee(s) are subm	nitted for filing.			
Please re	eturn all correspo	ondence concerning this matter to	o the following:			
		Jason Jones				
			Name of Person	<del></del>		
		J&S Septic Service LLC				
		-	Firm/Company			
		1861 County Road 308				
Address						
Crescent City Florida 32112						
			City/State and Zip Code			
		Jssepticservicelle@gmail.cor E-mail address: tto	n be used for future annual report noti	fication)		
For furth	ner information c	concerning this matter, please cal				
Jason Jo	ones		304 542-4919			
Name of Person		at () Area Code Daytim	e Telephone Number			
Enclosed	d is a check for t	he following amount:				
		☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Address Registration		Street Address: Registration Se	ction		
	Division of C	Corporations	Division of Cor	porations		
	P.O. Box 632	27	The Centre of T	l'allahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J & S Septic Service LLC  (Name of the Limited Liability Comp.)	any as it now appears on our reco	rde )
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	Liability Company)	143.7
The Articles of Organization for this Limited Liability Company Florida document number L22000501433	y were filed on 11/28/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited lial</u>	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		7
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<del></del>
B. If amending the registered agent and/or registered office	address on our records, ente	r the name of the new regi
agent and/or the new registered office address here:		
Name of Name Designand Associa		
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		
	Enter Florida street addr	ess
	, F	loridaZip Code
		Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete	ree to act in this capacity. If	further agree to comply wi

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 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	Charles Wood		□Add
		218 OAK RIDGE DRWELAKA, FL 32193	Remove
			□Change
MGR	Kevin Wood	4225 Wieks Branch Road St Augustine FL 32086	<b>=</b> A <b>d</b> d
			□Remove
			□Change
			□Add
			🗆 Remove
		-	[] Change
			□Add
			□Remove
			🗆 Change
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· · · · · · · · · · · · · · · · · · ·		<del></del>		
Effective date, if other than the of the date must an effective date is listed, the date must	date of filing:	prior to date of filing or	(option:	al)
Note: If the date inserted in this blo	ock does not meet the ap	plicable statutory fil	ing requirements, this d	ate will not be listed as
document's effective date on the De	epartment of State's reco	ords.		
e record specifies a delayed effective	u datu but nat an afforti	va tima at 12:01 a m	on the realize of the	The Office I A
rd is filed.	. date, but not all effecti	ve time, at 12.01 a.n	i, on the earlier of: (6)	The 90th day after the
Dated	2024	·		
	_			
	$\bigcirc$ $\sim$ -	**		
	Signature of a member or	authorized representati	ve of a member	
	Afterature of a member or a	authorized representati	ve of a member	

Filing Fee: \$25.00