## L23000144908

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requestor's Name)
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	
PICK-UP   WAIT   MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)
PICK-UP   WAIT   MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(City/State/Zip/Phone #)
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	
(Document Number)  Certified Copies Certificates of Status	PICK-UP WAIT MAIL
(Document Number)  Certified Copies Certificates of Status	
(Document Number)  Certified Copies Certificates of Status	(Business Entity Name)
Certified Copies Certificates of Status	
Certified Copies Certificates of Status	(Document Number)
	•
	Certified Copies Certificates of Status
Special Instructions to Filing Officer:	• ====
Special Instructions to Filing Officer:	
	Special Instructions to Filing Officer:

Office Use Only



300416425853

10/02/23--01021--009 \*\*25.00

2023 OCT -2 PH 2: 42 SECRE / 1887 5/2 16/16

## **COVER LETTER**

TO:	Registration Se Division of Cor		• •	,	•		
cun uca	G & S Sept	ic LLC					
SUBJE	↓1: <u></u>	Name of Lim	ited Liability Company				
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please re	eturn all correspo	ndence concerning this matter	to the following:				
		Pam Myers					
			Name of Person	<del></del>	-		
		Pam Myers Tax Service			(++	2.0	
Firm/Company						)) (!	,
		1691 Main Street Suite 3			<u>}</u>	7 -	
			Address		- 설류	2 -	
		Chipley FL 32428			41. Di	2023 OCT -2 PH 2: 42	
		josephdpamela@bellsouth.r	City/State and Zip Code		318	<u></u> 12	
		· · · · -	to be used for future annual report notifi	cation)			
For furth	ner information c	oncerning this matter, please c	all;				
Pam My	vers		850 676-4373				
	Name o	f Person	at () Area Code Daytime	Telephone Number	r		
Enclose	d is a check for th	ne following amount:					
	.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Statu		
	Mailing Address		Street Address: Registration Sec	tion			
	Registration S Division of C		Division of Corp				
	P.O. Box 632	7	The Centre of To		210		
	Tallahassee, I	rl 32314	2415 N. Monroe	Street, Suite 8	HU		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

G & S Septic LLC					
(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears on our re Liability Company)	ecords.)	<u></u>	
	Liability Company	were filed on 03/21/2023	a	nd assigned	d
Florida document number L23000144908	·				
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited liab	oility company here:			
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designation	"LLC" or the abbrevia	tion "L.L.C."	
Enter new principal offices address, if applicable:		2797 Old Mill Rd			
(Principal office address MUST BE A STRE	ET ADDRESS)	Ponce De Leon, FL 32455	5		
			رن ۱۲۱سـ	202	
Enter new mailing address, if applicable:		2797 Old Mill Rd	CRET/ TALL A	3 OCT	/
(Name of the Limited Liability Compared (A Florida Limited Liability Compared (A Florida Limited Liability Compared Liability C	EBOX)	Ponce De Leon FL 32455	- 12 12 12	-2	****
			<u></u>	<u> </u>	
			. '' (5) - 보구[	~ :-	
		address on our records, <u>e</u>	nter the name of t	ne new reg	<u>isterec</u>
Name of New Registered Agent:	Nicolas Guettle	er			
	2797 Old Mill I	Road	· · · · · · · · · · · · · · · · · · ·		
New registered Office Address.	-	Enter Florida street a	ddress		
	Ponce De Leon		. Florida <sup>32455</sup>		
		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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Hannah G Strickland	1567 Collins Road, Chipley FL 32428	🗆 Add
			<b>≡</b> Remove
			□Change
MGR	Nicolas Guettler	2797 Old Mill Road, Ponce De Leon FL 32455	_ <b>≘</b> Add
			□Remove
			□Change
MGR	Justin A Barnes	14802 Bream Pond Rd, Panama City FL 32409	<b>=</b> Add
			□Remove
			□Change
			100 (M)
			Remove
			□Change
			⊡Xdd
			□Remove
			□Change
			🗆 Add
			□Remove
			□ Change

			_
			-
			_
			_
			_
	·		_
			_
<u> </u>		7023 SEC 17/	
<u>-</u> -		3 OCT	
			-:
		%	ارديمان ارديمان
		51NTE E. JU	<del>*en*</del> 
<del> </del>		rr; 2	_
			_
			_
ffective date, if other than the date of an effective date is listed, the date must Note: If the date inserted in this blococument's effective date on the Dep	be specific and cannot be prior to date of filin ck does not meet the applicable statutory	(optional) ng or more than 90 days after filing.) Pursuant to 6 ry filing requirements, this date will not be li	05.0207 isted as t
		a.m. on the earlier of: (b) The 90th day at	fter the
	2023		
onted September 27  Micolas	2023  Muettles  Signature of a member or authorized represent	entative of a member	

Filing Fee: \$25.00