

L23000401901

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

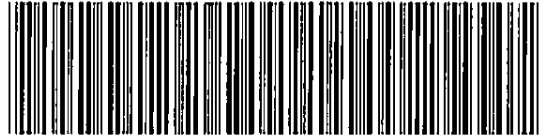
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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** MYERS SEPTIC AND WATER LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAWN DIAL

\_\_\_\_\_  
Name of Person

MYERS SEPTIC AND WATER LLC

\_\_\_\_\_  
Firm/Company

4706 CHIQUITA BLVD. S. SUITE 200

\_\_\_\_\_  
Address

CAPE CORAL, FL 33914

\_\_\_\_\_  
City/State and Zip Code

DAWN@MYERSSITEDEVELOPMENT.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAWN DIAL

239

851-3748

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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 Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

MYERS SEPTIC AND WATER 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 8/28/2023 and assigned  
Florida document number 123000401901.

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)**

4706 CHIQUITA BLVD. S

SUITE 200

CAPE CORAL, FL 33914

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

4706 CHIQUITA BLVD. S

SUITE 200

CAPE CORAL, FL 33914

**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:

ZACHARY MYERS

New Registered Office Address:

4706 CHIQUITA BLVD. S, SUITE 200

*Enter Florida street address*

CAPE CORAL

*City*

Florida

33914

*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, 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>	<u>Address</u>	<u>Type of Action</u>
VP	JASON PIGOTT, JR.	12581 METRO PKWY, UNIT 24	<input type="checkbox"/> Add
		FORT MYERS, FL 33966	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BRYCE A HOFFMANN	12581 METRO PKWY, UNIT 24	<input type="checkbox"/> Add
		FORT MYERS, FL 33966	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
P	ZACHARY MYERS	4706 CHIQUITA BLVD. S. SUITE 200	<input type="checkbox"/> Add
		CAPE CORAL, FL 33914	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
VP	ROBERT BELLFLOWER	56 EL VERANO	<input checked="" type="checkbox"/> Add
		ARCADIA, FL 34266	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

If the record 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 record is filed.

 \_\_\_\_\_  
Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**