L24 000 286 899

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(Only/State/Zip/Filone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations				
	All Filtratio	n Consulting Group, LLC				
SUBJECT:	Name of Limited Liability Company					
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		Gail P Anderson				
			Name of Person			
		All Filtration Consulting G	roup, LLC			
	Firm/Company					
		2807 SW Beaumont Ave				
			Address			
		Palm City, FL 34990				
			City/State and Zip Code			
		wayne@afcgroupus.com				
			to be used for future annual report no	tification)		
For further i	nformation c	oncerning this matter, please of	all:			
Dennis Wayne Anderson Jr		772 678-1506 at ()				
Name of Person		Area Code Dayti	me Telephone Number			
Enclosed is	a check for th	ne following amount:				
■ \$25.00 l	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 radditional copy is enclosed)		
	illing Addres		Street Address: Registration S	ection		
Di	vision of C	Corporations	Division of Ce	orporations		
l) (I	D. Box 632	' /	The Centre of	t attanassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

y as it now appears on our recor ability Company)	<u>ds.</u>)
vere filed on June 25, 2024	and assigned
ity company here:	
y Company." the designation "LL	C" or the abbreviation "L.L.C."
	- 1
	Ö
ldress on our records, <u>ente</u>	r the name of the new regist
Enter Florida street addr	ess
F	Florida Zw Code
	ity company here: y Company." the designation "LL ldress on our records, ente

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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
Р	Gail P Anderson	2807 SW Beaumont Ave	□Add
		Palm City FL 34990	=Remove
			Change
AMBR	Gail P Anderson	2807 SW Beaumont Ave	∃ Add
		Palm City, FL 34990	□Remove
			Change
			□Add
			□ Remove
			□Change
			□Remove
			Change
			□ Add
			□Remove
			□Change
			□Remove
			Character (Character)

<u> </u>				
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Effective date, if other that (If an effective date is listed, the da	n the date of filing: te must be soccific and canno	t be prior to date of filing or	(optional nore than 90 days after filin) g.) Pursuant to 605.0207 (3)
Note: If the date inserted in t document's effective date on	his block does not meet th	e applicable statutory fili	ng requirements, this dat	e will not be listed as the
he record specifies a delayed ef ord is tiled.	fective date, but not an eff	Pective time, at 12:01 a.m	on the earlier of: (b) T	he 90th day after the
Dated August 4	202	4		
	··	·		
)			

Typed or printed name of signee