

L24000436360

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

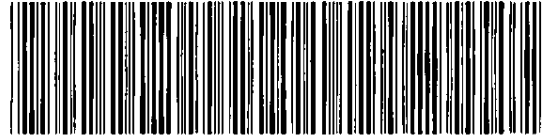
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FBI

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** NORTHEAST FLORIDA SEPTIC, 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:

MARK A CHIPMAN

Name of Person

NORTHEAST FLORIDA SEPTIC, LLC

Firm/Company

1154 HICKORY CV

Address

JACKSONVILLE, FL 32221

City/State and Zip Code

NEFLSEPTIC@GMAIL.COM

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

For further information concerning this matter, please call:

MARK A CHIPMAN

904 314-8476  
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**

NORTHEAST FLORIDA SEPTIC, LLC

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 10/11/2024 and assigned  
Florida document number L24000436360.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

**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: MARK A CHIPMAN

New Registered Office Address: 1154 HICKORY CV

*Enter Florida street address*

JACKSONVILLE, Florida 32221

*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.*

*Mark Chipman*

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>
MGR	MARK A CHIPMAN	8379 POINTER DR N	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32221	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JAMES R MCMAHAN IV	2472 SILVER MOSS CIR	<input type="checkbox"/> Add
		MIDDLEBURG, FL 32068	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JENNIFER JACOBS-LANHAM	1154 HICKORY CV	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32221	<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

REMOVE ONLY JENNIFER JACOBS-LANHAM FROM THIS COMPANY. THE OTHER TWO WILL STAY  
THE SAME. THANKS

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)*

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated OCTOBER 29TH, 2024



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

MARK A CHIPMAN

\_\_\_\_\_  
Typed or printed name of signee