## L08000058158

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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECTS

Pool Leak Services of Northeast Florida, 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:

WILLIAM A. PETERS

Name of Person

Pool Leak Guru, LLC

Firm/Company

2200 MARSH HAWK LANE #212

Address

FLEMING ISLAND, FL 32003

City/State and Zip Code

poolleakdoctor@comcast.net

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

For further information concerning this matter, please call:

Mark J. Young

<sub>...</sub>904\996-8099

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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

ARTICLES OF A  ARTICLES OF O	) RGANIZATION	TALLED SECRETARISE FLORES	
Pool Leak Services of Northeast Florida,	LLC	2 O	
(Name of the Limited Liability Compa (A Florida Limited L		ds.)	
The Articles of Organization for this Limited Liability Company Florida document numberL08000058158		and sesigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
Pool Leak Guru, LLC			
The new name must be distinguishable and end with the words "Limi"L.L.C."			
Enter new principal offices address, if applicable:	2200 MARSH HAWK LANE #212		
(Principal office address MUST BE A STREET ADDRESS)	FLEMING ISLAND, FL 3	32003	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	2200 MARSH HAWK LA		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida str	reet address	
	, Flor City	rida 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Mai	naging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove C
			Remove
			Add
	·····		Add
			Remove
			Add
			Add

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Page 3 of 3

Filing Fee: \$25.00