L14000071607

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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07/31/20--01003--007 **25.00

SUBJECT:	CERTIFIE	D LEAK DETECTION & REC	TIFICATION, LLC	•
Songice 1.	•	Name of Lim	ited Liability Company	•
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		ROBERT DOUGLAS		
		/- ·	Name of Person	
		CERTIFIED LEAK DETE	CTION & RECTIFICATION, LL	.C
			Firm/Company	
		6331 AUTUMN CHASE I	LN.	
		_	Address	
		ORLANDO, FL 32818		
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		RDOUGLAS@CERTIFIEI	DLEAKDETECTION.COM	
		E-mail address: (to be used for future annual report not	tification)
For further in	iformation c	oncerning this matter, please ca	all:	
ROBERT D	OUGLAS		321 303-9910 at ()	
• •	Name o	f Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling Fee	S30,00 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)
Reg Div P.C	iling Addressistration Strision of Co. Box 632	Section orporations 7	Street Address: Registration So Division of Co The Centre of 2415 N. Monro	rporations

Tallahassee, FL 32303

Registration Section
Division of Corporations

TO:

ARTICLES OF ORGANIZATION OF

CERTIFIED LEAK DETECTION & RECTIFICATION	, LLC	
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)	3
The Articles of Organization for this Limited Liability Company w	ere filed on	- Seand ssigned
Florida document number L14000071607		÷. 20
This amendment is submitted to amend the following:		·
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" of	or the abbreviation "L.L.C."
·	company. The designation 1995 of	<u></u>
Enter new principal offices address, if applicable:		·
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered office ad	dress on our records, enter th	te name of the new registered
gent and/or the new registered office address here:	, <u></u>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	JAMES DOUGLAS	5560 MARE CREEK RD. CRESTVIEW FL 32539	= Add
			□Remove
			□Change
			□Add
			□Remove
		<u></u>	[]Change
			□Add
			□Remove
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an effective date is listed, the date must	be specific and cannot be pri	ior to date of filing or more	(optional) than 90 days after filing.) Pursua	nt to 605.02
an effective date is listed, the date must lote: If the date inserted in this blo	be specific and cannot be prock does not meet the app	licable statutory filing re	than 90 days after filing.) Pursua	nt to 605.029 t be listed a
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