L20000097046

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COVER LETTER

TO: Registration Division of C	Section Corporations		
BLUE F SUBJECT:	HIPPO LEAK DETECTION LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are suf	bmitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	ROBERT SHINDLER		
		Name of Person	
	ROBERT M SHINDLER	CPA, P.A.	
		Firm/Company	
	2429 MANATEE AVE E	UNIT #2	
		Address	
	BRADENTON, FL 3420	8	
		City/State and Zip Code	
	Shindler24@msn.com E-mail address: (to be used for future annual report not	ification)
For further information	n concerning this matter, please c		,
Robert Shindler		941 747-6100 at ()	
Nam	e of Person		ne Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fec	Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Adde Registration Division of P.O. Box 6. Tallahassec	Section Corporations 327	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations 'allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLUE HIPPO LEAK DETECTION LLC

New Registered Agent's Signature, if changing Registered Agent:

(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 APRIL 6, 2020 and assigne Florida document number L20000097046 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Duck Duck Leak Detection LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." TAMIAMI Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 20278 ASTORIG AVE Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Part Charlotk B. If amending the registered agent and/or registered office address on our records, enter the name of the new regi agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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 i 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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□ Remove
			□Change
			DAdd
		Remove	
		□ Change	
		□Add	
			TRemove
		□Add	
		□Remove	
		□ Change	
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			□ Remove
			Change
			Change

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ffective date, if other than the an effective date is listed, the date manager of the date inserted in this becament's effective date on the I	ist be specific and cannot be prior to lock does not meet the applicab	date of filing or more than 90	(optional) days after filing) Pursuant to 605.020 ments, this date will not be listed a
record specifies a delayed effecti is filed.	ve date, but not an effective time	e, at 12:01 a.m. on the earl	ier of: (b) The 90th day after the
oted October 19	, 2022		
ated October 19			
October 19 Sta	Nuce Signature of a member or authorize	ed representative of a memb	er

Filing Fee: \$25.00