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Office Use Only



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NOTE THE PROPERTY OF STATE

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COVER LETTER

Registration Section
Division of Corporations

SUBJECT:	ce Leak D	etection and Video LLC		
		Name of Limi	ted Liability Company	
The enclosed A	rticles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return al	i co rre spor	dence concerning this matter	to the following:	
		Craig L Wilson		
			Name of Person	
		Ace Leak Detection and V	/ideo LLC	
			Firm/Company	
		701 Crimson King Trace	· ·	
			Address	
!		Tarpon Springs FL 34689		
			City/State and Zip Code	
•		aceleakdetectionandvideo@	. —	
		E-mail address: (to be used for future annual report notifi	cation)
For further info	rmation co	oncerning this matter, please co	all:	
Craig L Wilson	n		727 207-0192	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a cl	heck for th	e following amount:		
\$25.00 Fili	ng 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 TO ARTICLES OF ORGANIZATION OF

Ace Leak Detection and Video LLC		<u></u>
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our r Liability Company)	<u>records.</u>)
The Articles of Organization for this Limited Liability Company Florida document number L10000028104	were filed on $\frac{3/12/2010}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	701 Cimson King Trace	
(Principal office address MUST BE A STREET ADDRESS)	Tarpon Springs FL 3468	9
Enter new mailing address, if applicable:		
(Muiling address MAY BE A POST OFFICE BOX)	701 Cimson King Trace	
	Tarpon Springs FL 34689	y
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		cords, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street d	address
		_, Florida
	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.

If Changing Registered Agent, Signature of New-Registered Agent

Page 1 of 3

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

MGR Nina L Wilson 701 Crimson King Trace Add Remo Change Add Remov	Title	<u>Name</u>	Address	Type of Action
MGR Nina L Wilson 701 Crimson King Trace Add Remo Change Add Remo Add Remo Change Add Add Add Remov	MGR	Vincent J Lundberg Sr	739 N Pinellas Ave	☐ Add
MGR Nina L Wilson 701 Crimson King Trace Add Remo Add Remo Change Add Remov Add Add Remov			Tarpon Springs Fl 34689	■ Remove
Remo Change Change Change Change Add Add Add Remov				☐ Change
Change Change Change Change Add Remov Add Remov	MGR		701 Crimson King Trace	a Add
				□ Remove
□ Remov □ Add □ Remov □ Change □ Add □ Change				☐ Change
Change Add Change Change				
☐ Add ☐ Remov ☐ Change ☐ Add ☐ Remov				Remove
☐ Remov ☐ Change ☐ Add ☐ Remov				☐ Change
Change				□ Add
□ Add				□ Remove
				☐ Change
				O Add
				Change
ORDE Remove				ORIGINA Remove

ice Leak Detection and Vic	deo LLC To Craig L Wil	son. Mr Lundberg sha	II File a resignation	as member	
ocument. Craig L Wilson s	shall hold #100 units from	n that point on. Craig	L Wilson shall hold	#100 Units	
Craig L Wilson and Nina L	Wilson shall be the only	two Managing Memb	oers		
incent J Lundberg shall vi	sit Regions Bank and "S	ign Off" current accou	nts. Craig Wilson sl	hall sign back	on
urrent accounts.			·		
	······································			\ <u></u>	
ve date, if other than th	e date of filing:	0 2016	(opt	ional)	
ctive date is listed, the date mu If the date inserted in this b ent's effective date on the I	block does not meet the a	ipplicable statutory fil	more than 90 days and ing requirements, th	is date will no	int to 605. It be liste
sin s effective date on the L	Department of State's rec	orus.			
ord specifies a delaye 90th day after the re		ıt not an effective	time, at 12:01	a.m. on the	e earlie
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7/20/20	ile				
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/ <u>/</u> /	0.7	•			

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Filing Fee: \$25.00

LUCIE F. PEMBERTON
MY COMMISSION # FF 242234
EXPIRES: Aug. 3, 2019