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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

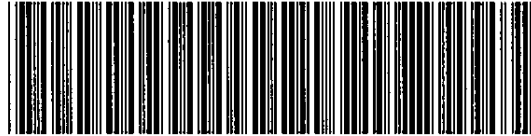
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

S Warren

AUG 22 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Ace Leak Detection and Video 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:

Craig L Wilson

Name of Person

Ace Leak Detection and Video LLC

Firm/Company

701 Crimson King Trace

Address

Tarpon Springs FL 34689

City/State and Zip Code

aceleakdetectionandvideo@gmail.com

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

For further information concerning this matter, please call:

Craig L Wilson

727 207-0192

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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	Vincent J Lundberg Sr	739 N Pinellas Ave	<input type="checkbox"/> Add
		Tarpon Springs Fl 34689	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Nina L Wilson	701 Crimson King Trace	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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CLERK OF STATE
TALLAHASSEE, FLORIDA

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

At same time of signing this Document Vincent Lundberg Sr Shall Sell/Transfer his #50 units of

Ace Leak Detection and Video LLC To Craig L Wilson. Mr Lundberg shall File a resignation as member

document. Craig L Wilson shall hold #100 units from that point on. Craig L Wilson shall hold #100 Units

Craig L Wilson and Nina L Wilson shall be the only two Managing Members

Vincent J Lundberg shall visit Regions Bank and "Sign Off" current accounts. Craig Wilson shall sign back on current accounts.

E. Effective date, if other than the date of filing: July 20 2016 (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

7/20/2016

[Handwritten Signature]

Signature of a member or authorized representative of a member

Craig L Wilson

Craig L Wilson

Typed or printed name of signee

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SECRETARY OF STATE
CLARK COUNTY, FLORIDA

