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SECNITARY OF STATE
TALLAHASSEE FLORINA

COVER LETTER

TO:	Registration Se Division of Cor				
SUBJE		eak Detector, LLC			
SOBJE	C1:	Name of Lim	nited Liability Company		
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please r	eturn all correspo	ondence concerning this matter	to the following:		
		Landon Julian Davis			
			Name of Person		_
		Mia	MI Plumbing Com	pany	_
		1671 NW 8th Street	J	' <i>J</i>	
			Address	·	
		Homestead, FL 33030			1222 18
		TheOnlyLeakDetector@gn	City/State and Zip Code nail.com		PIL MAIN
		E-mail address: (to be used for future annual report notif	ication)	23 I
For furt	her information e	oncerning this matter, please c	all:		RESIDENCE OF
Landon	Julian Davis		305 7939678		5: 57 TATE ORID
	Name o	f Person		: Telephone Numb	cr
Enclose	d is a check for th	ne following amount:			
■ \$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &
	,,,,,	ING ADDDCC	CTAPET/COURT	en a noneg	

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

The Only Leak Detector, LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Com Florida document number L18000193841	pany were filed on August 14th 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u>s)</u>	
		<u>≽</u> ≲ &
		E B T
Enter new mailing address, if applicable:		7.7
Mailing address MAY BE A POST OFFICE BOX)		W W
mutaing uturess MAT DE ATOST OFFICE BOX)		
		 ြည့် ှံ့ ဟု
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		er the mame of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Lines I writes as the quartes	
	, Florida	Zip Code
	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

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>	Type of Action
MGR	Isiah Thomas	1671 NW 8th Street Homestead, FL 33030	□ Add
MGR			■ Remove
			☐ Change
MGR	Landon Davis	1671 NW 8TH Street Homestead, FL 33030	■ Add
			Remove
			Change
			□ Add
		18 OCT 53 SECRETARIAS SEC	
			3 PH D 3 PH 5: 5 Smyc
		 	Change
			Add
		A	□ Remove
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				- Co- Co- Co- Co- Co- Co- Co- Co- Co- Co	•
				A O	7
Effective date, if other than the	date of filing:	17th, 2018	(option	nal)	
(If an effective date is listed, the date must Note: If the date inserted in this bl document's effective date on the D	ock does not meet the app	olicable statutory fili	more than 90 days after fi ng requirements, this o	ling.) Pursuant to 605 late will not be liste	i,0207 (. ed as tl
the record specifies a delayed) The 90th day after the rec		not an effective	time, at 12:01 a.	m. on the earlie	er of:
Dated October 17	, 2018				
	Signature of a member or a	uthorized representation	e of a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00