

L18000206037

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

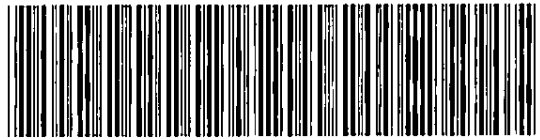
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

J. HORNE
MAR 17 2023

Office Use Only



200404175502

RECEIVED
2023 MAR 16 PM 3:40
SECRETARY
TALLAHASSEE, FL
2023 MAR 15 4:11:04
TALLAHASSEE, FL

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from this account: J20210000160: \$ 55.00

Authorization Signature: 

LEAK TECH LLC

L 18000206037

BUSINESS NAME **DOCUMENT #**

X **Certified Copy of Articles of Organization**

Certificate of Status

NEW FILINGS

Profit Corp
 Not for Profit
 Limited Liability
 Domestication
 Other
 CORP
 LLLP

AMMENDMENTS

X Amendment
 Resignation of R.A. Officer/Director
 Change of Registered Agent
 Dissolution
 Merger
 Conversion
 Amended and restated Articles
 Statement of Authority

OTHER FILINGS

Annual Report
 Fictitious Name
 APOSTILLE
 Country

REGISTRATION/QUALIFICATIONS

Foreign filing
 Limited Partnership
 Reinstatement
 Other

EXAMINER'S INITIALS: _____

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from this account: I20210000160: \$ 55.00

Authorization Signature: Jan Fullin

LEAK TECH LLC

L 18000206037

BUSINESS NAME **DOCUMENT #**

X **Certified Copy of Articles of Organization**

 Certificate of Status

NEW FILINGS

 Profit Corp
 Not for Profit
 Limited Liability
 Domestication
 Other
 CORP
 LLLP

AMMENDMENTS

X Amendment
 Resignation of R.A. Officer/Director
 Change of Registered Agent
 Dissolution
 Merger
 Conversion
 Amended and restated Articles
 Statement of Authority

OTHER FILINGS

 Annual Report
 Fictitious Name
 APOSTILLE
 Country

REGISTRATION/QUALIFICATIONS

 Foreign filing
 Limited Partnership
 Reinstatement
 Other

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Leak Tech 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:

Jonathan Scarduzio

Name of Person

Leak Tech LLC DBA Leak Tech Remodeling and Repairs

Firm/Company

1760 N Jog Rd

Address

WPB/FL 33411

City/State and Zip Code

chrisyseekslacks@gmail.com

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

For further information concerning this matter, please call:

Christina Longwell

561 747-5325
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Leak Tech LLC

~~(Name of the Limited Liability Company as it now appears on our records)~~
(A Florida Limited Liability Company)

2023 MAR 16 AM 11:54
RECEIVED
TALLAHASSEE

The Articles of Organization for this Limited Liability Company were filed on 8/28/2018 and assigned
Florida document number L18000206037.

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 abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1760 N Jog Rd

(Principal office address MUST BE A STREET ADDRESS)

WPB, FL 33411

Enter new mailing address, if applicable:

11731 SE Doherty St

(Mailing address MAY BE A POST OFFICE BOX)

Toquesta FL 33469

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

1

(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)

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 March 17, 2023

Jon Scarduzio
Signature of a member or authorized representative of a member

Jonathan Scarduzio
Typed or printed name of signee