

L19 0000 93250

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

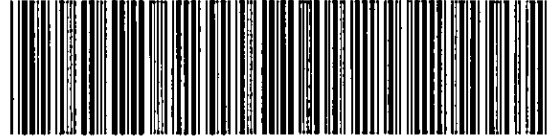
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FILED
2022 APR -5 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 APR -5 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FL

February 16, 2022

JONIEL MARTINEZ
990 STINSON WAY #215
WEST PALM BEACH, FL 33411

SUBJECT: SONAR LEAK DETECTION LLC
Ref. Number: L19000093250

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s). All pages must be returned in order to file the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas
Regulatory Specialist II

Letter Number: 422A00003864

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SONAR LEAK DETECTION 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:

JONIEL MARTINEZ
Name of Person

SONAR LEAK DETECTION
Firm/Company

990 STINSON WAY #215
Address

WEST PALM BEACH, FL. 33411
City/State and Zip Code

info@sonar-leakdetection.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JONIEL MARTINEZ at (561) 358-7391
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|--|--|--|

PAYMENT FOR \$52.50 FILING FEE HAS ALREADY BEEN PAID

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

FILED

SONAR LEAK DETECTION LLC

2022 APR -5 PM 1:43

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

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 04/04/2019 and assigned
Florida document number L19000093250.

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:

(Principal office address MUST BE A STREET ADDRESS)

990 STINSON WAY #215
WEST PALM BEACH, FL. 33411

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

990 STINSON WAY #215
WEST PALM BEACH, FL. 33411

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:

JONIEL MARTINEZ

New Registered Office Address:

990 STINSON WAY #215

Enter Florida street address

WEST PALM BEACH

City

Florida

33411

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>	<u>Type of Action</u>
_____	JATHYNIA GARCIA	8634 DUMFORD LN	<input type="checkbox"/> Add
_____		Lake Worth, FL 33467	<input checked="" type="checkbox"/> Remove
_____		_____	<input type="checkbox"/> Change
_____	JATHYNIA GARCIA	990 STINSON Way Suite 215	<input type="checkbox"/> Add
_____		West Palm Beach, FL 33415	<input checked="" type="checkbox"/> Remove
_____		_____	<input type="checkbox"/> Change
_____		_____	<input type="checkbox"/> Add
_____		_____	<input type="checkbox"/> Remove
_____		_____	<input type="checkbox"/> Change
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_____		_____	<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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) this date will not be listed as the

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.

MARCH 28, 2022
Signature of a member or authorized representative of a member

JONIEL MARTINEZ
Typed or printed name of signee