

4/22/25, 3:24 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L19000231322

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : KTORRES SERVICES CORP
Account Number : I20230000111
Phone : (954)380-0755
Fax Number : (954)858-5117

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Ktorres@Ktorreservices.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FS IMPORT & EXPORT, LLC**

Certificate of Status	0
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AND
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2025 APR 22 PM 3:13
CORPORATION DIVISION

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FS IMPORT & EXPORT, 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:

KAROL TORRES

Name of Person

KTORRES SERVICES CORP

Firm/Company

201 SE 15TH TER STE 211

Address

DEERFIELD BEACH FL 33441

City/State and Zip Code

KTORRES@KTORRESSERVICES.COM

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

For further information concerning this matter, please call:

KAROL TORRES

954 380-0755
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

FS IMPORT & EXPORT, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 09/20/2019 and assigned
Florida document number LG000231322 (LG000231322)

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

DIVEPOINT LEAK DETECTION LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

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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	ANNA PAULA ARAUJO SEBBA	4713 SW 13TH ST	☐ Add
		DEERFIELD BEACH FL 33442	☒ Remove
			☐ Change
AMBR	JUSCELINO GOMES DA COSTA	4114 NW 88TH AVE APT 201	☒ Add
		CORAL SPRINGS FL 33065	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

N/A

E. Effective date, if other than the date of filing: _____ (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 APRIL 22ND 2025

Signature of a member or authorized representative of a member

AMBR

Typed or printed name of signee

Filing Fee: \$25.00