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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Five star 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:

Lilian Gonzalez
Name of Person

Five Star leak detection, LLC
Firm/Company

6265 Sand Lake Vista Drive apt 2128
Address

Orlando, Florida 32819-3506
City/State and Zip Code

Fivestarleakdetection7@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lilian Gonzalez at (407) 608-8693
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" 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) |
|---|---|--|--|

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**

Five star leak detection, 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 12/15/2020 and assigned Florida document number L 2000039140.

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)

6265 Sand lake Vista Drive
Orlando, FL 32819-3506
apt 2128

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:

LILIAN GONZALEZ

New Registered Office Address:

6265 Sand lake Vista Drive apt 2128

Enter Florida street address

Orlando

City

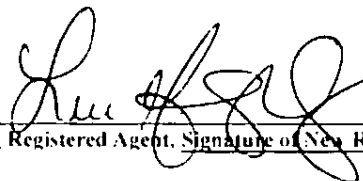
Florida

32819-3506

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>
MGR	Nicolas P Zane	239 W. Wisconsin ave	<input type="checkbox"/> Add
		Deland, FL 32720	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
	Lilien Gonzalez	6265 Sandlake Vista Drive	<input checked="" type="checkbox"/> Add
		Orlando, FL 32819-3506	<input type="checkbox"/> Remove
		apt 2128	<input type="checkbox"/> Change
R agent	Nicolas P Zane	239 W. Wisconsin ave	<input type="checkbox"/> Add
		Deland, FL 32720	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
R agent	Lilien Gonzalez	6265 Sandlake Vista Drive	<input checked="" type="checkbox"/> Add
		Orlando, FL 32819-3506	<input type="checkbox"/> Remove
		apt 2128	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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76 W. 4th St. 1st Fl.

(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 January 30th, 2022

Signature of a member or authorized representative of _____

Signature of a member or authorized representative of a member

Lilia Gonzalez

Typed or printed name of signee