10/4/24, 14:52

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H240001317173)))



H240001317173ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC. Account Number : I20230000190 : (844)449-3624 fax Number ; (512)597-0578

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

Email Address:\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GATOR LEAK & DRAIN LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

T. LEMIEUX APR 11 2024

H24000131717.3

Page: 2 of 5

Tallahassee, FL 32314

2024-04-11 10:07:30 UTC+14

18506176383

From: ZenBusiness User 1124000131717 3

## COVER-LETTER

	Registration Sec Division of Corp	porations		•
er in irra		∴ 👫 & Drain LLC		<b>&amp;</b> ;
SUBJEC	.1:	Name of Lint	hed Liability Company	
The enclo	osed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please ret	turn all correspoi	ndence concerning this matter	to the following:	
		Jonathan Taboada		
			Name of Person	-
		ZenBusiness INC		
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
		336 E. College Ave Suite.	301	
			Address	
		Tallahassee, FL 32301		
			City/State and Zip Code	<del></del>
		fulfillment@zenbusiness.cc	om to be used for finure annual report not	(Verstan)
For furth	er information co	oncerning this matter, please c		(Carally
	Business INC	,	844 493-6249	
	Name of	Person	at ()	ne Telephone Number
Enclosed	is a check for th	e following amount:		
<b>■</b> \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	MailingAddress Registration S		<u>StreetAddress:</u> Registration Se	etion
	Division of Co	orporations	Division of Cor	rporations
	P.O. Box 632'	7	The Centre of T	l'allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Page: 3 of 5

To:

2024-04-11 10:07:30 UTC+14

18506176383

From: ZenBusiness User H24000131717 3

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ostor Leak & Drain LLC		
(Name of the Limited Liability Common (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number <u>L21000089734</u> .	vere filed on <u>04/10/2024</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "14.0" or the abl	neviation "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)		
		<u>~</u>
B. If amending the registered agent and/or registered office ac	14	53 25 25
B. If amending the registered agent and/or registered office address here:	idress on our records, <u>enter the name</u>	of the new resistered
N. CM. D. L. LA		77
	·	- <u> </u>
New Registered Office Address:	Enter Florida street address	77
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I am for vovided for in Chapter 605, F.S. Or, .	nniliar with and if this document is

If Changing Registered Agent, Signature of New Registered Agent

Page: 4 of 5

2024-04-11 10:07:30 UTC+14

18506176383

From: ZenBusiness User

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

To:

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Charles Daniel White	10631 NE 122nd St	■Add
		Aicher, FL 32618	
		US	DChange
AMBR	Jill Amanda White	10631 NE 172nd St	
		Archer, FL 32618	
		US .	[]Change
			🗀 Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change

To: Page: 5 of 5

2024-04-11 10:07:30 UTC÷14

18506176383

From: ZenBusiness User H24000131717 3

D. If amending any other inf	ormation, enter change(s) here: (Attach additional sheets, if necessary.)	
<del> </del>		
Va64		
***************************************		
Note: If the date inserted in a	(optional) to must be specific and cannot be prior to date of filling or more than 90 days after filling.) Pursuant to 605.020 his block does not meet the applicable statutory filling requirements, this date will not be listed at the Department of State's records.	07 (3)(b) as the
If the record specifies a delayed of record is filed	fective date, but not an effective time, at 12.01 a.m. on the earlier of; (b). The 90th day after th	ic
Dated	2024	
/s/Charles Daviel	White	
4.18.18.18.18.18.18.18.18.18.18.18.18.18.	Signature of a member or authorized representative of a member	
Charles Daniel W	nite, Manager	

Typed or printed name of signee