L21000135345

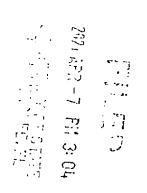
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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COVER LETTER

TO:

TO: Registration S Division of Co			
	LPHIN LEAK DETECTION I	LLC	
SUBJECT:			
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	Jonathan Massola Ramch	aran	
		Name of Person	
	2351 WATERSIDE DRIV	Firm/Company E	
	LAKE WORTH, FL 3346	Address	FR 3: 04
	Jonathan_Ramcharan@yah	City/State and Zip Code	7
	E-mail address: (to be used for future annual report notifi	cation)
For further information of	concerning this matter, please c	all:	
Jonathan Massola Ramc	haran	786 603 - 5388	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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 Addres Registration 9		Street Address: Registration Sect	tion
Division of C	Corporations	Division of Corp	
P.O. Box 632		The Centre of Ta	llahassee
Tallahassee, l	FL 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLUE DOLPHIN LEAK DETECTION LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comparison $\frac{L21000135345}{L21000135345}$	any were filed on	and assigned
This amendment is submitted to amend the following:		and assigned or the abbreviation "L.L.C."
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2
(Principal office address MUST BE A STREET ADDRESS	2	
Enter new mailing address, if applicable:		1 1
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our records, <u>enter th</u>	e name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flor	ida
	, FIOF	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 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>	Address	Type of Action
MGR	Sherese Paula Mathurin		
		2351 91670 1919 1919 1919 1919 1919	□Add
		2351 WATERSIDE DRIVE LAKE WORTH, FL 33461	Remove
			□Change
MGR	Jonathan Massola Rameharan	2351 WATERSIDE DRIVE LAKE WORTH, FL 33461	
			F Add
			□Remove
			□ Remove
		- I	
			Add ,
			Remove
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ective date, if other than the affective date is listed, the date mute: If the date inserted in this becament's effective date on the fi	st be specific and cannot lock does not meet the	ot be prior to date ne applicable s	of filing or more the atutory filing rec	(option nan 90 days after fi juirements, this o	ling.) Pursuant to 605,	,020 ed a
cord specifies a delayed effectives filed.	e date, but not an ef	fective time, a	12:01 a.m. on th	e earlier of: (b)	The 90th day after	· the
April 5th ed	2().	21 ,	7			
		Toll,	/			
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