L21000244383

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	JUSTIN M	BAILEY LLC	•	•				
SUBJECT: Name of Limited Liability Company								
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please return	all correspo	ondence concerning this matter	to the following:					
		Justin Bailey						
			Name of Person					
			Firm/Company					
		6254 Ungerer St.						
			Address	_				
		Jupiter, Fl. 33458						
		justinmbailey1@gmail.com	City/State and Zip Code					
		· ·	to be used for future annual report notif	ication)				
For further in	formation c	oncerning this matter, please c	all:					
Justin Bailey			561 324-5098 at ()					
	Name o	f Person		Telephone Number				
Enclosed is a	check for th	ne following amount:						
■ \$25.00 F	iling Fee	S30.00 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)				
	ling Addres		Street Address:	tion				
	•	orporations	Registration Sec Division of Corp					
	. Box 632	7 FL 32314	The Centre of Ta	allahassee Street Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JUSTIN M. BAILEY 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 05/25/2021 and assigned Florida document number 1.21000244383 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: WET WOLF LEAK DETECTION LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." Enter new principal offices address, if applicable: 2023 (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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

_, Florida _

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
			□Add
			Remove
			Change
			□Add
			□Change
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			Change
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(If an effective date Note: If the date	f other than the days listed, the date must be inserted in this block tive date on the Department	e specific and cannot k does not meet t	he applicable st	of filing or more tha atutory filing requ	optiona n 90 days after fili direments, this da	ng.) Pursuant to 605	.0207 (3 ed as th
		late, but not an ef	ffective time, at	12:01 a.m. on the	earlier of: (b)	The 90th day after	the
ne record specifies ord is filed.	a delayed effective of						
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ord is filed. June 26th	- G	\till	<u></u>				
ord is filed. June 26th	- G	\till	<u></u>	epresentative of a m	ember		