### **Division of Corporations** Electronic Filing Cover Sheet

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.

(((H22000332078 3)))



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 : WILSON TAX & ACCOUNTING INC.

Account Number : I20150000107 Phone : (941)625-1925 Fax Number : (941)625-1526

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

Email Address: rpmattk@gmail.com

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SPLASH LEAK DETECTION LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help



# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## SPLASH LEAK DETECTION LLC

t now appears	on our records.)	<del></del>
y Company) filed on	08/08/2022	and assigned
ompany her	<u>:e:</u>	
mpany," the de	signation "LLC" or the a	boreviation "L.L.C."
ess on our r	ecords, enter the nai	me of the new registered
<del></del>		
Enter Flor	rida street address	
	, Florida _	Zip Code
City	<del></del>	Zip Code
formance of vided for in (	-my aunes, ana 1 an Chapter 605, F.S. O	r, if this document is
	ess on our received formance of pided for in this formance of pided for in the second state of the second	filed on

If Changing Registered Agent, Signature of New Registered Agent

### 09/26/2022 14:25 T-04:00 TO: +18506176383 FROM: 9416251526

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>	Name	Address	Type of Action
MGR	SEAN MURPHY	120 BURNEY RD	<b> X</b> ) Add
		OSPREY, FL 34229	□Remove
			☐ Change
			□ Add
			□Remove
			☐ Change
			OAdd
			□Remove
			☐Change
			□Add
			□Remove
			□ Change
			Remove
			☐ Change
			□Add
			□Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing:  (It 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 (  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a 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 SEPTEMBER 21 2022  Matthew Juny
Signature of a member or authorized representative of a member
MATTHEW KUNTZ  Typed or printed name of signee

Filing Fee: \$25.00