L23000193227

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Sity/State/Zip/: Hone #)
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(Business Entity Name)
(Document Number)
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Cover Letter 70: Florida Department of State
Division of Corporations. From Jennifer Lynch Cell: 760-212-0992 Return Address: 7012 Palm Key Are Oldsmar, FL 34677 Filing Fee + Certificate of Status

COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT: Dremic	v Pools + Leak Name of Limi	detection, ted Liability Company	LLC
The enclosed Articles of A	mendment and fee(s) are subt	nitted for filing.	
Please return all correspond	dence concerning this matter t	o the following:	
	Robe	v+ Harris Name of Person	
	Premier Pool	St Leak de Firm/Company	tection
	7612	Palm Key A	-∪ ८
	oldsr	City/State and Zip Code	34677
	E-mail address: (t	o be used for future annual r	gmail. (om eport notification)
For further information cor	cerning this matter, please ca	II:	
Jenni Name of I	Person Lynch	at (<u>760</u>) <u>2</u> Area Code	212 - 6992 Daytime Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy radditional copy is enclosed.	Certificate of Status &
Mailing Address: Registration Sc Division of Co P.O. Box 6327 Tallahassee, FI	rporations	Division The Cen	dress: tion Section of Corporations tre of Tallahassee Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Premier Pauls + Leak detection LLC

(<u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our records.) Say (1997) I Liability Company)
The Articles of Organization for this Limited Liability Compan Florida document number $_L23000193227$.	ry were filed on 4/19/1023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	
Premier Past Leak defe	bility Company," the designation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Ave S. St. Pete, FL 33711
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, enter the name of the new registered
Name of New Registered Agent:	N/A
New Registered Office Address:	Enter Florida street address
	Florida
	City 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>	Address	Type of Action
	N/A		□Add
	·		□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□ Change
			□Add
			□Remove
			☐Change

	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<u>'</u>
	-
(If an effect Note: 1f	e date, if other than the date of filing:
the record s cord is filed	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
Dated	05/22/223
	Signature of a member or authorized representative of a member
	Plant II.

Filing Fee: \$25.00