L23000357715

	(Requestor's Name)
	(Address)
	,
	(Address)
	(City/State/Zip/Phone #)
	<u></u>
PICK-UF	P MAIT MAIL
_	
	(Business Entity Name)
	(Document Number)
	(
Certified Copies	Certificates of Status
	5 12 015
Special Instructions to	Hilling Officer:





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10/10/03/03 | 01007-1007 J#400/00

DIPTOTOTO TOTTICE DIVISION OF SEEFLORIDA

RECEIVED

COVER LETTER

TO:

TO: Registration Se Division of Cor			·
SUBJECT: Legkle	a 110		
SUBJECT: Leggie	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	William E. M	Sdiku # Name of Person	
	Leakless LLC	Firm/Company	
	382 NE 1915	St #277417 Address	<u></u>
	Mini ,FL 33	City/State and Zip Code Picland Cam to be used for future annual report noti	
	E-mail address: (relead. can to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	all:	
William F. M Name o	Gerson A	at (904) 832 - 3 Area Code Daytim	18827 Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	\$\times \$60.00\$ Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S	Section	Street Address: Registration Se	
Division of C P.O. Box 632	-	Division of Cor The Centre of T	•
Tallahassee, l			e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Lockless IIC.

company has been notified in writing of this change.

(Name of the Limited Liability Compa (A Florida Limited	nny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000357715</u>	were filed on $\frac{7/31}{2623}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liah	
Madiscn's All-Star Plumbing LL The new name must be distinguishable and contain the words "Emited Liabi	lity Company "the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Jacksmuille, FL 32225
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	11139 Oak Ridge Dr. South Jacksonville, FL 32225
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new register
Name of New Registered Agent: William	· Edward Madius I
New Registered Office Address: 11139 0	ak Ridge Dr. South Enter Florida street address
	City , Florida 37775 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

Willia E. Madi It

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
			□Add
			□Remove
			□Change
_			□Add
			□Remove
			□Change
			□Add
			Remove
			□ Change
			□ Remove
			□Remove
			□Change
			□Remove
			□ <i>C</i> 1

). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
(If an et Note:	tive date, if other than the date of filing:
the reco	ord 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 filed.
Dated	10/10/23
	Signature of a member or authorized representative of a member William E. Madison A Typed or printed name of signee
	William E. Madison AT Typed or printed name of signee