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(Address) (Address) (City/State/Zip/Phone #)	600161233036				
PICK-UP WAIT MAIL (Business Entity Name)		n. 100			
(Document Number)		mr at			
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EXAMINER

9 OCT -9 AM 8: 54
SECRETARY OF STATE

COVER LETTER

TO:

TO:	Registration S Division of Co			
SUBJE	ECT:	Innovative	Inspection Services	1
			mited Liability Company	
The en-	closed Articles of	Amendment and fee(s) are s	ubmitted for filing.	
Please	return all correspo	ondence concerning this matt	er to the following:	
			Robert F Garner III	
			Name of Person	
		Inno	vative Inspection Servi	ces
			Firm/Company	
		<u></u>	106 Margaret Street	
	•		Address	
		N	eptune Beach, FL 3226	66
			City/State and Zip Code	
		E-mail address:	bobgarner@aol.com (to be used for future annual repo	ort notification)
For fur	ther information o	concerning this matter, please	call:	
		ert F Garner III	at (_423)	488-6757
	Name o	of Person	Area Code &	Daytime Telephone Number
Enclose	ed 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 en	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ING ADDRESS:		OURIER ADDRESS:
	Divisio	ration Section on of Corporations ox 6327	Registration Division of Clifton Buil	Corporations

Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Innov	ative Inspe	ction Serv	ices U	^ _/			
(Name of the Limited L (A F	iability Companionida Limited L	iy as it now apr iability Compan	ears on our roy)	ecords.)		_	
The Articles of Organization for this Limited Lial Florida document number				, 2009_	and	d assig	gned
This amendment is submitted to amend the follow	ving:						
A. If amending name, enter the new name of t	<u>he limited liabi</u>	ility company	<u>here</u> :				
	N/A						
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ted Liability Cor	mpany," the de	signation "l	LC" or	the ab	breviation
Enter new principal offices address, if applical	ole:	N/A	<u> </u>				
<u>(Principal office address MUST BE A STREET</u>	ADDRESS)						
					<u>. </u>		
Enter new mailing address, if applicable:		N/A					
(Mailing address MAY BE A POST OFFICE B	<u>0X)</u>						
B. If amending the registered agent and/or registered agent and/or the new registered offi			n our recor	ds, <u>enter</u>	the nan	ne of	the new
Name of New Registered Agent:	Robert F Ga	rner III					
New Registered Office Address:	N/A					9 	
			Enter Florida		57	CT -	<u> </u>
		City	,	Florida		<u>ം</u> Gode	
New Registered Agent's Signature, if changing Re	-	·	's canacity I	further as	FLORID FLORID	H 8: 51	O with
the provisions of all statutes relative to the pro accept the obligations of my position as regist being filed to merely reflect a change in the re company has been notified in writing of this cl	oper and complered agent as pegistered office	lete performar provided for in	nce of my dut i Chapter 600 reby confirm	ies, and I e 8, F.S. Or,	am fami if this o	iliar v docun	with and nent is

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Robert F Garner III	1404 Fore Winds Hill Ooltewah, TN 37363	✓ Add ☐ Remove
<u>MGRM</u>	R. Matthew Garner	106 Margaret St Neptune Beach, FL 32266	Add Remove
	<u> </u>		Add Remove
<u></u>	<u> </u>		Add. Remove
			Add
		ter change(s) here: (Attach additional sheets, if nec	
	obert F Garner III as sole A		
Dated	1 October	, 2009 .	SECRE TALLAH
	· Signature o	f a member or authorized representative of a member Robert F Garner III Typed or printed name of signee	-9 AM 8: SU ASSEE FLORID
		Page 2 of 2	8: 54 STATE LORIDA

Filing Fee: \$25.00