# L19000187110

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## **COVER LETTER**

olin krizwn	-	erty Management		
SUBJECT:		Name of Lim	ited Liability Company	<del></del>
The enclosed	I Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	endence concerning this matter	to the following:	
		Darren Devaughan		
			Name of Person	
			Firm/Company	<del></del>
		219 Deleon Rd		
		Debary, FL 32713	Address	
		ddevaughan73@yahoo.com	City/State and Zip Code	
		-E-mail address: (	to be used for future annual report notific	cation)
For further in	nformation c	oncerning this matter, please ca	all:	
Darren Deva	aughan		386 801-2649 at ( )	
	Name o	f Person		Telephone Number
Enclosed is a	a check for th	ne following amount:		
\$25.00 F	iling Fee	☐ \$30.00 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)

MAILING ADDRESS:

**Registration Section** 

**Division of Corporations** 

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Shark Property Management	
( <u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number $\frac{L19000187110}{L19000187110}$ .	ny were filed on JULY 22 2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
Shark Property Inspections LLC	
The new name must be distinguishable and contain the words "Limited Lia	ability 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)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	ere:
	÷ • • • • • • • • • • • • • • • • • •
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida City Zip Code
Name Description and Associate Classical States and Control of the	- , 5940

### 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 ti 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 ador removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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<u>Note:</u> If	e date, if other tive date is listed, the the date inserted at's effective date	in this block do	es not m	eet the app	olicable sta	of filing or n tutory filin	nore than 90 g requiren	(option days after finents, this c	i <b>al)</b> ling.) Pursuant late will not t	to 605.0207 be listed as
	rd specifies a 10th day after			ate, but	not an e	ffective	time, at	12:01 a.	m. on the	earlier o
Dated _	ugust 13		,	2019						
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	Darren Devaug	ehan								

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Filing Fee: \$25.00