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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

Tallahassee, FL 32314

TO: Registration S Division of Co			
Defender SUBJECT:	Inspections, LLC		
SUBJECT:	Name of Lir	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sul	bmitted for filing	
	ondence concerning this matter	_	
	Glen Diefenderfer		
		Name of Person	
	Defender Inspections, LL	С	
		Firm/Company	
	951 SW 86th Ave		
		Address	
	Pembroke Pines, FL 3302		2023
	glendtori@gmail.com	City/State and Zip Code	
		to be used for future annual re	
For further information of	concerning this matter, please c	ail:	port notification)
Glen Diefenderfer		954 793-	2726
Name o	f Person	at () Area Code	Daytime 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)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S	Section		on Section
Division of C P.O. Box 632	•		of Corporations re of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Defender Inspections LLC			
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)		
The Articles of Organization for this Limited Liability	Company were filed on February 17, 2025	and assig	gned
Florida document number L25000081786	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or the abb	reviation "L.L.	C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
		.:	2025
			_
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			
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B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, enter the <u>name</u>	of the new	r eg istered
Tegistered office address here.			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida	7: 6	
	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>	<u>Address</u>	Type of Action
AMBR	Michelle Diefenderfer	951 SW 86th Ave, Pembroke Pines, FL 33025	🗏 Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			🗆 Add
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Note: III	e date, if other that ive date is listed, the d the date inserted in	this block does i	iot meet the	applicable st	of filing or me	ore than 90 days	optional) safter filing.) Pr s, this date wi	ursuant to 60: Il not be list	5.0207 (3) ted as the
document	t's effective date on	the Department	of State's re	cords.					
e record sp rd is filed.	pecifies a delayed e	ffective date, but	not an effec	ctive time, at	12:01 a.m. o	n the earlier o	of: (b) The 9	Oth day afte	r the
Dated	July 22	<u> </u>		25				:•	2025
		91,	\mathcal{L}	//				: : _	JUL 29
		signature of	of a member 9	authorized r	epresentative (of a member			
		_ GUEN	TE	FENDE or printed name	RFFR			** ;	AH 10:

Filing Fee: \$25.00