## L04 0000 36975

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DIVISION OF LOUGH ANGES

O SIMMONS SEP 1 4 2017

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Home and Mold	Inspection Sorvice of Flor, Qa, "LLC"
Name	of Limited Liability Company
The enclosed Articles of Amendment and fee(s) a	re submitted for filing.
Please return all correspondence concerning this r	natter to the following:
_ satvick	Gr Fitzgerald Name of Person
	$G_r$ $F_i + Z + Q + Q + Q + Q + Q + Q + Q + Q + Q$
	Sw 79 th Drive
<u> </u>	5 V. 1/2 7 6V. Da 32608
Pf:+z	City/State and Zip Code  Voc (a), Vahoo Com  Iress: (to be used for future annual report notification)
For further information concerning this matter, ple	ase call:
Patrick G. T. tzgiral	at (352) 871-7801  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee Certificate of Sta	
MAILING ADDRESS:	STREET/COURIER ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Home and Mold I	nspection Sorvice of Florida, LLC
(A Florid	da Limited Liability Company)
The Articles of Organization for this Limited Liability	Company were filed on 05/24/2004 and assigned
Florida document number <u>L 04000 38°</u>	<u>7</u> 35
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
mold and Air Qua	mited Liability Company." the designation "L.L.C."
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	same
(Principal office address MUST BE A STREET ADD	RESS)
	RESS)
Enter new mailing address, if applicable:	N/A P
(Mailing address MAY BE A POST OFFICE BOX)	
	22
	Ç, t
	stered office address on our records, enter the name of the new
registered agent and/or the new registered office ad-	<u>iress here</u> :
Name of New Registered Agent:	· N/A
V D :	N/A
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
New Projectored Agent's Signature if changing Projector	ad Agant.

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 or removed t	nding Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being adde</u> loved from our records:		
MGR = Manager AMBR = Authorized Member			
<u>Title</u>	Name	Address	Type of Action
	N/A	N/A	
			□ Remove
			Change
			Add
			Remove
			□ Change
			Add 7 STabove 7 Change 2: 2
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			Add 22
			Remove
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<del></del>			Add
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			☐ Change

amei	nding any other information, enter c	hange(s) here: (Attach additional sheets, if necessary.)
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n effe ote:   1		d cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 meet the applicable statutory filing requirements, this date will not be listed as t
The '	90th day after the record is filed.	
ted _	Soptember 6 1h	. 2017.  G. File Geral Demonstrative of a member
	Signature of a	member or authorized representative of a member
	l l	Typed or printed name of signor
		Page 3 of 3

Filing Fee: \$25.00