<u>06000045352</u>

| (Requestor's Name) | | | | |
|---|---|--|--|--|
| | | | | |
| (Address) | | | | |
| | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| (Oity/State/2/p/Fillite #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| | | | | |
| (Business Entity Name) | | | | |
| | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| | | | | |
| Special Instructions to Filing Officer: | ٦ | | | |
| | | | | |
| | | | | |
| | | | | |
| | ı | | | |
| | | | | |
| | | | | |

Office Use Only



800113730838

01/07/08--01021--029 **30.00

08 JAN -7 PM 2: 58

SECRETARY OF STATE DIVISION OF CORFORATIONS

COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: DONALDSON HOME INSpections LLX (Name of Limited Liability Company) |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| JEFF L. DONALDSON (Name of Person) |
| DONALOSON APPRAISALS, LLC (Firm/Company) |
| 5804 Wynstore Ln (Address) |
| Zephyrhills, FL 33541 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| TEFF L. DONALD SON at (813) 245-0588 (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee \$\ \text{Certificate of Status} \ \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \ \text{Certified Copy (additional copy is enclosed)} \ Certified Copy (addition |

MAILING ADDRESS:

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

SECRETARY OF STATE
DIVISION OF CORPORATION

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 427 2006 and assigned Florida document number 600004535 2.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

| 11. 11. 11. 11. 11. 11. 11. 11. 11. 11. | | | |
|--|---------------------------------------|---------------------------|---------------------------|
| DONALDSON | APPRAISALS, | LLC | |
| The new name must be distinguishable and e | end with the words "Limited Liability | Company," the designation | "LLC" or the abbreviation |
| "L.L.C." | | | |

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

| Name of New Registered Agent: | ~/A | | |
|--------------------------------|--------------------------------|------------|--|
| New Registered Office Address: | (Enter Florida street address) | | |
| | | , Florida | |
| | (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 608, 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 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 **Type of Action Address** Title Name Add Remove ☐ Add Remove ∏Add Remove ∏Add Remove Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member JEFFREY L. DONALDSON

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00