#L07000052719

(Requ	iestor's Name)			
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PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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SECRETARY OF STATE
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K.SALY EXAMINER JUL -8 2013



June 25, 2013

REASSURANCE INSPECTIONS, LLC WYDEL SIMMONS 5711 PEACOCK CT. TITUSVILLE, FL 32780

SUBJECT: REASSURANCE INSPECTIONS, LLC

Ref. Number: L07000052719

We have received your document for REASSURANCE INSPECTIONS, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$30.00.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly Regulatory Specialist II

Letter Number: 813A00015868

COVER LETTER

TQ: Registration Section (
Division of Corporations

Reassurance Inspections, LLC

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:

Wydel Simmons

Name of Person

Reassurance Inspections, LLC

Firm/Company

5711 Peacock Ct.

Address

Titusville, FL 32780

City/State and Zip Code

ws@reassuranceinspections.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wydel Simmons

__321**、298-015**9

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing 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 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

Reassurance Inspections, LLC (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 Florida document number LO7 0000 52719 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Reascurance Inspections & Construction, LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "ILC" or the abbreviation "L.L.C." 5711 Peacock Ct. Enter new principal offices address, if applicable: Titusville, FL 32780 (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 office address on our records, enter the name of the new registered agent and/or the new registered office address here:

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

5711 Peacock Ct.

City

Titusville

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Florida_32780

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				
MGRM	Ernesto Omar Cordeiro Numa	5711 Peacock Ct.	Add	
		Titusville, FL 32780	Remove	
			Add	
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	ter change(s) here: (Attach additional sheets, if necessary.)
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	A ALL MENTAL APPLICATION
_{ed} June 19th	2013
18 3	6/19/2013
_	a member of authorized representative of a member
Wydel T. Simmons	
· · · · · · · · · · · · · · · · · · ·	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00