

LO1000115563

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

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**L. SELLERS**

OCT 21 2008

**EXAMINER**

Office Use Only



800136924648

10/20/08--01043--025 \*\*25.00

FILED

08 OCT 20 AM 8:09

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

15 October 2008

TO: Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

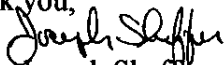
FROM: Joseph James Shaffer LLC

Subject: Name and address change

Daytime phone number: 904-599-1169

Return address: 1835 US 1 S., ste 119-205  
Saint Augustine, FL 32084

Thank you,

  
Joseph Shaffer

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: JOSEPH JAMES SHAFFER 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:

JOSEPH SHAFFER  
(Name of Person)

QUICKPRO INSPECTION SERVICE LLC  
(Firm/Company)

1835 US 1 S., ste 119-205  
(Address)

SAINT AUGUSTINE, FL 32084  
(City/State and Zip Code)

For further information concerning this matter, please call:

JOSEPH SHAFFER at (904) 599-1169  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

JOSEPH JAMES SHAFFER 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 11/15/2007 and assigned  
Florida document number L07000115563

This amendment is submitted to amend the following:

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

QUICK PRO INSPECTION SERVICE LLC

The new name must be distinguishable and end with the words "Limited Liability 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)

1835 US 1 S., ste. 119-205

SAINT AUGUSTINE, FL 32084

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1835 US 1 S., ste. 119-205

SAINT AUGUSTINE, FL 32084

**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:

New Registered Office Address:

1835 US 1 S., ste 119-205

(Enter Florida street address)

SAINT AUGUSTINE

(City)

Florida 32084

(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)

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08 OCT 20 4:08:09  
TALLAHASSEE  
FLORIDA

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated 10 / 15, 2008

Joseph James Shaffer  
 Signature of a member or authorized representative of a member  
JOSEPH JAMES SHAFFER  
 Typed or printed name of signee

FILED  
 08 OCT 20 AM 8:09  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA