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(Requestor's Name)	
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(City/State/Zip/Phone #)	01/21/160
(Business Entity Name)	
(Document Number)	
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JAH 22 2016 J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SAN CAP HOME 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:
JONATHAN ONG 491 Name of Person
Firm/Company
1707 SAND PEBBLE WAY, APT C
SANIBER, FC 33957
SANIBET, FC 33957 City/State and Zip Code JONATHAN & TONGYAL COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JONATIAN TONG-4991 at (239) 464-8734 Name of Person Area Code Daytime Telephone Number
Manie di Peison
Enclosed is a check for the following amount:
\$25.00 Filing Fee

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

NAME OF THE LABILITY COMPA (Name of the Limited Liability Compa (A Florida Limited I	TONS LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number		9 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
SUNCOAST INSPOCTIONS LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1707 SAHD PEBBO SAHIBOT, FL 3393	O WAY APTC
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		
Name of New Registered Agent:		SAN STATE OF THE SAN ST
New Registered Office Address:	Con Plathamad	
	Enter Florida street address	E 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	, Florida	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

$\mathbf{AMBR} = A$	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Change
			Remove
			
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n effective date is listed, the d	ate must be specific	c and cannot be	prior to date o		than 90 days afte	er filing.) Pursu	
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) (5 - 1) (3) (2)	
	Signature	of a member or	authorized rep	presentative of a	a member	Ec	
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Filing Fee: \$25.00