

LD9000048458

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

DEC 11 2009

EXAMINER

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: American Home Inspection Pro 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:

James W. Lindhorst

Name of Person

American Home Inspection Pro LLC

Firm/Company

7736 Landsdowne Lane

Address

New Port Richey, FL 34654

City/State and Zip Code

jjcal@mac.com

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

For further information concerning this matter, please call:

James W. Lindhorst

Name of Person

at ( 727 )

255-3427

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

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TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**American Home Inspection Pro 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 May 19, 2009 and assigned  
Florida document number L09000048458.

This amendment is submitted to amend the following:

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

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:**

7736 Landsdowne Lane

**(Principal office address MUST BE A STREET ADDRESS)**

New Port Richey, FL 34654

**Enter new mailing address, if applicable:**

7736 Landsdowne Lane

**(Mailing address MAY BE A POST OFFICE BOX)**

New Port Richey, FL 34654

**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:**

James W. Lindhorst

**New Registered Office Address:**

7736 Landsdowne Lane

*Enter Florida street address*

New Port Richey

, Florida

34654

*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.*

*[Signature]*  
**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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	James W. Lindhorst	7736 Landsdowne Lane New Port Richey, FL 34654	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Dale Lindhorst	9377 Top Flight Drive Lakeland, FL 33810	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated November 4, 2009

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

James W. Lindhorst

\_\_\_\_\_  
Typed or printed name of signee

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TALLAHASSEE, FLORIDA