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| PICK-UP | ☐ WAIT | MAIL. |
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| Certified Copies | _ Certificates | s of Status |
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| Special Instructions to | Filing Officer: | |
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10 NOV 12 PM 2: 37
SECRETARY OF STATE
SECRETARY OF STATE

J. BRYAN

NOV 15 2010

EXAMINER

COVER LETTER

| Division of Co | | | | |
|--------------------------|--------------------------------------------|----------------------------------------------------------|-----------------------------------------|----------------------------------------------------------------------------|
| SUBJECT: | Insurance Ins | pection Services, L | .LC | |
| | Name of Lim | ited Liability Company | *************************************** | |
| | of Amendment and fee(s) are su | · | | |
| ricase return an corresp | politicate concerning this matte | to the tonowing. | | |
| | | Jonathan J. Wozniak | | |
| | | Name of Person | | |
| | Insuran | ce Inspection Service | s, LLC | _ 30 6 |
| | | Firm/Company | | O NOV 12 PH 2: 37 |
| | | PO BOX 82721 | | 25 N |
| | | Address | · · · · · · · · · · · · · · · · · · · | - SEE P |
| | | Tampa, FL 33682 | | FLOTISTICS 3. |
| | | City/State and Zip Code info@ispects.com | | A PARTIE |
| | E-mail address: | to be used for future annual rep | ort notification) | |
| For further information | concerning this matter, please | call: | | |
| Jona | ithan J. Wozniak | at (813) | 368-6407 | |
| Name of Person | | | Daytime Telephone Nur | nber |
| Enclosed is a check for | the following amount: | | | |
| \$25.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is e | Certi enclosed) Certi | Filing Fee, ficate of Status & fied Copy tional copy is enclosed) |
| MAI | LING ADDRESS: | STREET/ | COURIER ADDRESS | 3: |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| insura | ince Inspe | ction Services, | LLC | |
|---------------------------------------------------------|------------------|---------------------------------------------|--------------------------|-----------------------------------------|
| Name of the Limite | d Liability Con | npany as it now appeared Liability Company) | rs on our records. | 20:0 |
| į. | A FIORGA LIIIU | ed Liability Company) | | 10 6 |
| The Articles of Organization for this Limited I | iability Comp | any were filed on | June 02, 2010 | and asstaned |
| Florida document numberL1000005 | 8762 | | | S. 22 - |
| | | | | Fig. 3 |
| This amendment is submitted to amend the fol | lowing: | | | STATE OF STATE |
| A. If amending name, enter the new name | of the limited i | liability company he | re: | P |
| | | | - | |
| | | n/a | | |
| The new name must be distinguishable and end w "L.L.C." | ith the words "L | Limited Liability Comp | any," the designation "l | LLC" or the abbreviation |
| Enter new principal offices address, if appli | cable: | n/a | | |
| (Principal office address MUST BE A STRE | ET ADDRESS | 3) | | |
| | | - | | |
| | | | | · <u></u> |
| | | | | |
| Enter new mailing address, if applicable: | | n/a | | |
| • • • | PAV | | | |
| (Mailing address MAY BE A POST OFFICE | <u> DUAJ</u> | | | |
| | | | | *************************************** |
| | | | | |
| B. If amending the registered agent and | | | our records, enter | the name of the new |
| registered agent and/or the new registered (| ffice address | <u>here</u> : | | |
| | | | | |
| Name of New Registered Agent: | n/a | | | |
| Name of New Registered Agent. | 11,0 | | | |
| New Registered Office Address: | n/a | | | |
| _ | | Enter Florida street address | | |
| , | | n/a | , Florida | n/a |
| | | 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

| Title | <u>Name</u> | Address | Type of Action |
|-------------|---------------------------------|----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MGRM | William Riggs | 2940 Forest Hills Blyd Unit C102 Coral Springs, FI 33065 | ☐ Add ☐ Remove |
| | | | Add Remove |
| | | · · · · · · · · · · · · · · · · · · · | Add Remove |
| | | | Add Remove |
| | <u> </u> | | Add Remove |
| | | | Add Remove |
| D. If ame | nding any other information, en | ter change(s) here: (Attach additional sheets, if nece | 10 NOV 12 PM 2: 37 SECRETARY OF STATE SECRETARY OF |
| - - | | | 2: 37 LORIDE |
| Dated | November 09 | ., 2010 | |
| | Signature of | a member or authorized representative of a member | |
| | orginative of | Jonathan J. Wozniak | |
| | | Typed or printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00