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EXAMINER

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12/14/10--01016--007 **25.00

COVER LETTER

TOr Registration Section Division of Corporations
SUBJECT: DIVERSIFIED INSPECTION Services 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:
STEVEN E WIEGNER Name of Person DIVERSIFIED INSPECTION Service'S
1334 Monte Lake Dr
Address VALRICO FL 33576 City/State and Zip Code SW1919 @ AOL, Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
For further information concerning this matter, please call:
STEVEN E WIEGNER at (813) 605-040 STEP STEP STEP STEP STEP STEP STEP STEP
Enclosed is a check for the following amount: \$25.00 Filing Fee & S55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section STREET/COURIER ADDRESS: Registration Section

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Diversifies ins	Dection So	r VICeS	LLC		
(Name of the Limited Liability (A Florida	y Company as it now appear. Limited Liability Company)	s on our records.)			
The Articles of Organization for this Limited Liability (Florida document number	Company were filed on	_	and assigned		
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lim	ited liability company her	<u>e</u> :			
The new name must be distinguishable and end with the wo	ords "Limited Liability Compa	ny," the designatio	n "LLC," or the abbreviat	_ tion	
"L.L.C."			2010 Sec		
Enter new principal offices address, if applicable:				T"	
(Principal office address MUST BE A STREET ADD	RESS)		SE C	-	
			mi-k		
Enter new mailing address, if applicable:			33 7	.j2 _	
(Mailing address MAY BE A POST OFFICE BOX)			35° .Ve	_	
				_	
B. If amending the registered agent and/or registered agent and/or the new registered office add		ur records, <u>ent</u> e	er the name of the n	iew	
Name of New Registered Agent:				_	
New Registered Office Address:		· · · · · · · · · · · · · · · · · · ·			
	Ent	Enter Florida street address			
		, Florida	·		
	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 <u>Name</u> **Address** Type of Action Fren E WIEGNER 🔲 Add Remove ☐ Add Remove 🔲 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Number Dated Signature of a member or authorized representative of a member STEVEN E WIEGHER Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00