L11000040162

(Requ	uestor's Name)	
(Addr	ess)	
(Address)		
(City/	State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Busi	ness Entity Nar	ne)
`	•	,
(Doci	ıment Number)	
(2000)	,	
Certified Copies	Certificates	of Status
Certified Copies	Certificates	or Status
Special Instructions to Fi	ling Officer:	
		ļ
		Ī

Office Use Only



100201212801

05/20/11--01028--020 **25.00

11 MAY 19 PM 2: 21
SECRETARY OF STATE

J. BRYAN

NOMP2 0 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: PORT ST. LUCIE HOME CHECK, 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:	:		
SUSAN BROWN (Contact Person) PORT ST. WCIE HOME CHECK LCC 35 2	: r)		
PORT ST. WCIE HOME CHECK LCC 35 8			
8625 TOMPSON PT. RD (Address) PT. ST. LUCIE F1 34986.			
PT. ST. LUCIE F1 34986. (City/State and Zip Code)			
For further information concerning this matter, please call:			
SUSAW BROWN at (772) 595-5373. (Name of Contact Person) (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:			
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$			
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 STREET/COURIER ADDRESS: Registration Section Division of Corporations Division of Corporations Clifton Building			

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 10, 2011

SUSAN BROWN
PORT ST. LUCIE HOME CHECK, LLC
8625 TOMPSON PT. RD
PT ST. LUCIE, FL 34986

SUBJECT: PORT ST. LUCIE HOME CHECK, LLC

Ref. Number: L11000040162

FILED PH 2: 20
AMAN 19 PM 2: 20
AMERICAN SEER FLORING

We have received your document for PORT ST. LUCIE HOME CHECK, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 411A00011527

the state of the s

· July comerce the groups is foreign subject to the

May 5th 2011

To whom it may concern.

I am sending the required forms to remove the managing member of the company Port St. Lucie Home Check, LLC. This is due to a typo and salutation of the name. I need to add the new managing member as Susan F. Brown

I thank you for your assistance in this matter.

Susan F. Brown

FILED 11 MAY 19 PM 2: 21 SECRETARY OF STATE SECRETARSEE, FLORIDA

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

PORT ST. LUCIE HOME CHECK (Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited	Liability Compan	у)
The Articles of Organization for this Limited Liability Companies Florida document number \(\bigcup_{1000 \(\psi \) 0/62 \(\bigcup_{000} \).	ny were filed on _	04/04/2011 and assigned
riorida document number <u>C//0000 40/02</u> .		
This amendment is submitted to amend the following:		
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 "LLC." The new principal offices address, if applicable: The principal office address MUST BE A STREET ADDRESS)		
The new name must be distinguishable and end with the words "Lir"L.L.C."	nited Liability Cor	npany," the designation "LLC" or the abbreviatio
Enter new principal offices address, if applicable:		30 =
(Principal office address MUST BE A STREET ADDRESS)	 	三
	<u> </u>	S2 - m
Enter new mailing address, if applicable:		FOFR
(Mailing address MAY BE A POST OFFICE BOX)		STATE STATE
		<u></u>
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		n our records, enter the name of the ney
Name of New Registered Agent:		
New Registered Office Address:		
		Enter Florida street address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>	

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 **Type of Action** Title **Address** Name MGRM 8625 Tompson Point Rd MGRM ☐ Add ☐ Remove Add Remove ∏Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated ____ Signature of a member or authorized representative of a member Susan F. Brown Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

