

L11000042315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

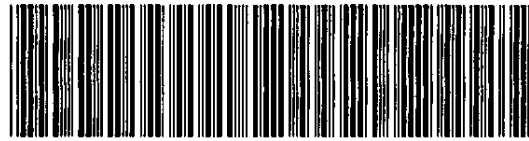
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan OCT 3 - 2011

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CERTIFICATE OF USE INSPECTIONS MIAMI DADE, 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:

ANABEL MENDEZ

Name of Person

CU INSPECTIONS MIAMI DADE, LLC

Firm/Company

4458 SW 164 AVE

Address

MIAMI, FL 33185

City/State and Zip Code

CU.INSPECTION@GMAIL.COM

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

For further information concerning this matter, please call:

ANABEL MENDEZ

Name of Person

at (**786**) **531 0804**

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

11 SEP 30 PM 12:31

SECRETARY OF STATE
DELMONTE, FLORIDA

CERTIFICATE OF USE INSPECTIONS MIAMI DADE
(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 04/08/2011 and assigned
Florida document number L11000042315.

This amendment is submitted to amend the following:

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

CU INSPECTIONS MIAMI DADE, LLC

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:

4458 SW 164 AVE

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33185

Enter new mailing address, if applicable:

4458 SW 164 AVE

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL 33185

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:

ANABEL MENDEZ

New Registered Office Address:

4458 SW 164 AVE

Enter Florida street address

MIAMI

Florida

33185

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.

Anm
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:

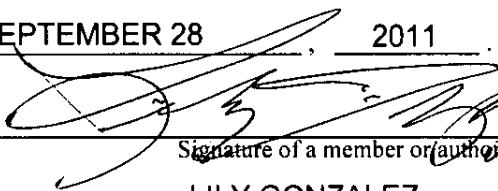
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Carlos E Alvarez-Rebollar	13425 SW 142 TER MIAMI FL 33186	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	LILY GONZALEZ	13231 SW 114 TER MIAMI FL 33186	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	REINALDO REMEDIOS	4458 SW 164 AVE MIAMI FL 33185	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	ANABEL MENDEZ	4458 SW 164 AVE MIAMI FL 33185	<input checked="" 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.)

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Dated SEPTEMBER 28, 2011



 Signature of a member or authorized representative of a member
 LILY GONZALEZ ANABEL MENDEZ

 Typed or printed name of signee