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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
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SECRETARY OF STATE ALL AHASSEF FI OPINA

J. SAULSBERRY EXAMINER

OCT 16 2012

COVER LETTER

| Division of Corporations | | |
|--|--|---|
| SUBJECT: Action 1 Inspections LLC Name of Limited Liability Company | | |
| 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: | | |
| Rita Naranjo Name of Person | | |
| Name of Person | | |
| Action I Inspections LLC Firm/Company | | |
| 16363 Fern Drive | | |
| Weston FL 33326 City/State and Zip Code info@action Linspections.com E-mail address: (to be used for future annual report notification) | ZOI SC TAL | |
| info eaction Linspections. com E-mail address: (to be used for future annual report notification) | 2 OCT | |
| For further information concerning this matter, please call: | 2012 OCT 15 AN 34 34 SECRETARY OF STATE TALLAHASSEE, FLORIDA | T |
| Pita Naranjo at (954) 530-9013 Name of Person Area Code & Daytime Telephone Number | 74 S | |
| Name of Person Area Code & Daytime Telephone Number | Agin Agin Agin Agin Agin Agin Agin Agin | |
| Enclosed is a check for the following amount: | | |
| (additional copy is enclosed) Certified | e of Status & | |
| | | |

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**

| Action 1 Inspec | tions LL | | | | |
|---|---|--|-------------------|--------------|-------------|
| (Name of the Limited Liability Comp. (A Florida Limited | any as it now apper Liability Company) | ars on our record) | <u>s.</u>) | | |
| The Articles of Organization for this Limited Liability Compan Florida document number $\frac{L11000002832}{L}$. | y were filed on | 5 26 2 | Oll and as | ssigned | |
| This amendment is submitted to amend the following: | | | | | |
| A. If amending name, <u>enter the new name of the limited lia</u> | bility company he | ere: | | , | |
| The new name must be distinguishable and end with the words "Lin"L.L.C." | nited Liability Com | pany," the designa | tion "LLC" or the | abbrevi | ation |
| Enter new principal offices address, if applicable: | | · · · · · · · · · · · · · · · · · · · | TAL | 3 6 | |
| (Principal office address MUST BE A STREET ADDRESS) | | | A PR | 130 2 | |
| | | · ··· , | ASS | <u>5</u> | 1 |
| Enter new mailing address, if applicable: | | | LANASSEE, FL | 2 | 1 |
| (Mailing address MAY BE A POST OFFICE BOX) | | | 97 87 | 2 | —— <u> </u> |
| | | | DE DE | <u>+</u> | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he | | our records, <u>e</u> | nter the name | of the | new |
| Name of New Registered Agent: | | ······································ | | | |
| New Registered Office Address: | | Enter Florida stre | et address | | |
| | | , Flori | _ | | |
| | City | , FIOU | Zip Cod | de | |
| 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

PA FR

| <u>Title</u> | Name | Address | Type of Action |
|--------------|---|--|------------------------------------|
| MGRM | Juan Felipe Naranjo | 16363 Fern Drive Weston, FL 33326 | Remove |
| | ····· | | Add Remove |
| ···· | | | ddd emove |
| | | | Add kemove |
| | | | ddd emove |
| | | | ddd demove |
| D. If amendi | ng any other information, enter change(| s) here: (Attach additional sheets, if necessary.) | |
| | | | 2012 DCT SECRETAL TALLAHAS |
| | 10/10/2012, | - | IS AN 80 34 SEF, FLORIDA |
| - | Signature of a member of | r authorized representative of a member | |
| - | | r printed name of signee | |
| | • • | \sim | |

Page 2 of 2

Filing Fee: \$25.00