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T. CLINE

(((H12000078631 3))) **COVER LETTER** TO: Registration Section Division of Corporations Bay to Bay Inspections, LLC SUBJECT: 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: Chrissi Jackson Name of Person Licenses Etc., Inc. Firm/Company 15275 Collier Blvd 201-300 Address Naples, FL 34119 City/State and Zip Code edru@tampabay.rr.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: တဲ့ခ Chrissi Jackson 777-1028 Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount:

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Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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(additional copy is enclosed)

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

## (((H12000078631 3))) ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bay to Bay	<u>y Inspections, LLC</u>	<u>;                                    </u>		
(Name of the Limited Liability (A Florida Li	Company as it now appear mited Liability Company)	s on our records.)		
,	, <b>, ,,</b> - <b>,</b> - <b>,</b>			
The Articles of Organization for this Limited Liability Con	mpany,were filed on	10/12/2011	and as	signed
Florida document numberL11000116997				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	ed liability company her	<u>e</u> :		
	ome Inspections, LLC			
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Compa	ny," the designation	"LLC" or the	abbreviation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRE	:22)			See .
			強力。	N
Enter new mailing address, if applicable:				**************************************
(Mailing address MAY BE A POST OFFICE BOX)			97 m	
		,		
B. If amending the registered agent and/or register registered agent and/or the new registered office address.  Name of New Registered Agent:  New Registered Office Address:	ss here:			of the new
·	£nt	er Florida street aa	aress	
		, Florida		
	City		Zip Code	€.
New Registered Agent's Signature, if changing Registered	Agent:			
I hereby accept the appointment as registered agent an the provisions of all statutes relative to the proper and accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	complete performance on that as provided for in Ch	of my duties, and I apter 608, F.S. Or	am familiar , if this docu	with and unent is
	If Changing Registered Ager	nt, Signature of New R	legistered Ager	<u>ıt</u> —

Page 1 of 2

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If smending 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:

•	Name Address	Type of Actio
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<del></del> .		Add' Romove
		Add Remove
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