

#L12000044968

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

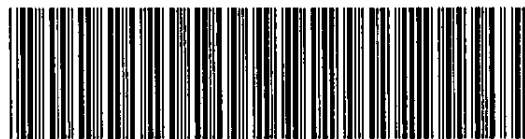
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
13 SEP -9 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08/23/13--01014--009 **25.00

K. SALLY
EXAMINER
SEP 12 2013



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 26, 2013

FLORIDA INSPECTIONS AND PRESERVATION LLC
RAFAEL RODRIGUEZ GARCIA
6419 WINDING WOODS WAY
BROOKSVILLE, FL 34602

SUBJECT: FLORIDA INSPECTIONS AND PRESERVATION LLC
Ref. Number: L12000044968

We have received your document for FLORIDA INSPECTIONS AND PRESERVATION LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 413A00020265

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Florida Inspections & Preservation, 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:

Rafael Rodriguez Garcia
Name of Person

Florida Inspections & Preservation, LLC
Firm/Company

6419 Winding Woods Way
Address

Brooksville, FL 34602
City/State and Zip Code

RRodriguez@FLA-IP.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rafael Rodriguez at (352) 397-8308
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Florida Inspectors & Preservation LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
13 SEP -9 PM 2:45
CLERK OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on April 2, 2012 and assigned Florida document number L12000044968.

This amendment is submitted to amend the following:

A. 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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

6419 Winding Woods Way
Brooksville, FL 34602

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 10832
Brooksville, FL 34603

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:

Rafael Rodriguez Garcia

New Registered Office Address:

6419 Winding Woods Way

Enter Florida street address

Brooksville

City

Florida

34602

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.

Rafael Rodriguez Garcia
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:

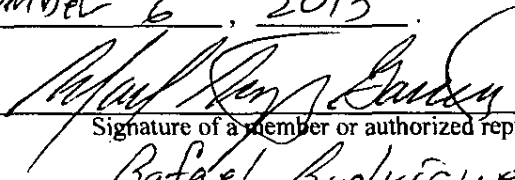
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGRM</u>	<u>Douglas E. Villane</u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input checked="" type="checkbox"/> Remove
		<u></u>	
<u>MGRM</u>	<u>Ramuel Rodriguez Garcia</u>	<u></u>	<input checked="" type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
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<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated September 6, 2013



Signature of a member or authorized representative of a member

Rafael Rodriguez Garcia

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00