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L12-75701 Amend



APR 13 2016 N. CAUSSEAUX

COVER LETTER COVER

TO: Registration Section Division of Corporations
SUBJECT: Douglas Home Inspections, 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:
Richard D. Douglas
Name of Person
Douglas Home Lospections.
Firm/Company
5 NE16th Street
Address
Delray Bch, FL 33444
City/State and Zip Code: 10 20 20 20 20 20 20 20 20 20 20 20 20 20
For further information concerning this matter, please call:
Richard Domalas 51 702-6122
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$60.00 Filing Fee,
Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
STREET/COURIER ADDRESS: Control of the Street of the Stree
Registration Section Registration Section
Division of Corporations P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dauglas Home	Inspections, LLC
(Name of the Limited Liability Co	ompany as it now appears on our records.) nited Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L/2,00,00,75,70/</u> .	pany were filed on 6/6/2012 and assigned
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 contain the words "Limited 1	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	75)
Enter new mailing address, if applicable:	For a C
(Mailing address MAY BE A POST OFFICE BOX)	200
	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on our records, <u>enter the name of the ne</u> s <u>here</u> :
Name of New Registered Agent:	-
New Registered Office Address:	
	Enter Florida street address
	, Florida City Zip Code
	in the second

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: MGR = Manager AMBR = Authorized Member **Type of Action** Title Name **Address** □ Add ☐ Change □ Add □ Remove ☐ Change □ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove

☐ Change

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Page 3 of 3

Filing Fee: \$25.00