(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL MAIL
(Bu	isiness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

G. MCLEOD

JUN 2 0 2012

**EXAMINER** 



600236214896

06/18/12--01010--005 \*\*30.00

William Lloyd 4225 Summit Creek Blvd Apt. 6310 Orlando, Fl. 32837

Florida Department of State Division of Corporations

I am enclosing the form to amend my Limited Liability Company. There are 2 issues on the original Articles of Organization (copy attached) submitted just a couple of days ago.

The first issue is the name is incorrect. I am not sure where this happened but it does need to be changed.

The second issue is the apartment complex I am moving into had to change my apartment.

Both items are corrected on the form submitted.

I am sorry for the confusion. If you have any questions please call or email me. I have enclosed the fees as indicated.

All correspondence can be sent to the address above.

Thank you

William Lloyd

## **COVER LETTER**

Division of Corporations				
SUBJECT: Florida Infrared 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:				
William Lloy d Name of Person				
Florida Infrared Inspectors, LLC Firm/Company  4225 Summit Creek Blvd., Apt 6310  Address				
4225 Summit Creek Blvd., Apt 6310 Address				
City/State and Zip Code  Willoyd 7 @ yahoo. Com  E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
William Lloyd  Name of Person  at (740) 877-9812  Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$25.00 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

TO:

**Registration Section** 

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

(Name of the Limited Liability Company) (A Florida Limited Liability Company)	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company vi Florida document number <u>L\2000077251</u> .	vere filed on June 11, 2012 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
Florida Infrared Inspector The new name must be distinguishable and end with the words "Limite" L.L.C."		
Enter new principal offices address, if applicable:	4225 Sunnit Creek Blud	
(Principal office address MUST BE A STREET ADDRESS)	Apt. 6310	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	4225 Summit Creek Blud  Apt. 6310  Orlando, Fl. 3283 FR UN  SSEE FLORIDA  100	
B. If amending the registered agent and/or registered office address here:	ce address on our records, enter the name of the new	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	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.

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>	Type of Action		
		Add Remove		
D. If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	_		
		_		
Dated	June 13 , 2012.	_		
	Signature of a member of authorized representative of a member  William H. Lloy  Typed or printed name of signee			
	William H. Lloy d Typed or printed name of signee			

Page 2 of 2

Filing Fee: \$25.00