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ertified Copies Cert	ificates of Statu	ıs
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SCIENTARY OF STATE

LLC Anxind

## **COVER LETTER**

TO:

TO: Registration Se Division of Cor			
CUD IF CT	House 2 Ho	me Inspections, LLC.	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
		Joshua Howell	
		Name of Person	······
	He	ouse 2 Home Inspections, LLC	•
		Firm/Company	
		25 Michigan Rd.	
		Address	
		Lehigh Acres, FL 33936	
		City/State and Zip Code	
		OUSE2HOME@GMAIL.COM	
For further information c	email address: (	to be used for future annual report	notification)
Jacob		239	849-8556
Name o	f Person	at () Area Code Da	ytime Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 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 Addres Registration S		Street Address  Pagistration	
Division of C		Registration Division of (	Section Corporations
P.O. Box 632			of Tallahassee
Tallahassee,	FL 32314	2415 N. Mor	nroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ho	use 2 Home Inspect	ions, LLC			
(Name of the Lim	ited Liability Compa (A Florida Limited I	ny as it now appears Liability Company)	on our records.)	<del></del>	
he Articles of Organization for this Limited I	Liability Company	were filed on	10/17/2012	and assigne	d
lorida document numberL1200013304	0				
nis amendment is submitted to amend the fol	lowing:				
. If amending name, enter the new name o	of the limited liabi	ility company her	<u>·e</u> :		
te new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the de	signation "LLC" or the a	bbreviation "L.L.C."	,
nter new principal offices address, if appli	cable:	25 Michigan Rd.			
Principal office address MUST BE A STREE	ET ADDRESS)	Lehigh Acres, FI	. 33936	<b>~</b>	
				610	—- .∻-
				DEC	
nter new mailing address, if applicable:		25 Michigan Rd.		10 10	∑ 20,2
Mailing address MAY BE A POST OFFICE	BOX)	Lehigh Acres, Fl	. 33936	20	Ξ.Ξ
				မှု အ	<u>.</u>
				35	
. If amending the registered agent and/or		iddress on our re	cords, <u>enter the nan</u>		<u>zist</u>
ent and/or the new registered office addre	ss here:				
Name of New Registered Agent:	Jacob Curley				
New Registered Office Address:	25 Michigan Ro	<b>i</b> .			
_	<del></del>	Enter Florid	da street address		
	Lehigh Acres		, Florida _ <sup>33</sup>	3936	
		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 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.

f 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Joshua Howell		□Add
		1009 Greenwood Ave. Lehigh Acres, FL 33972	≣ Řетоve
			□Change
MGR	Tanya Howeli		🗆 Add
		1009 Greenwood Ave. Lehigh Acres, FL 33972	■Remove
			Change
MGR	Jacob Curley	25 Michigan Rd. Lehigh Acres, FL 33936	■Add
			□ Remove
			Change
MGR	Ann Curley	25 Michigan Rd. Lehigh Acres, FL 33936	🗏 Add
			□Remove
			🗆 Change
		<del></del>	□ Add
			🗆 Remove
			Change
<del></del>	<del></del>		🗆 Add
			□ Remove
			□ Change

## Page 2 of 3

D. If amendii	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
<del></del>	
-	
	1/01/2020
(If an effective Note: If the	te, if other than the date of filing:  date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as affective date on the Department of State's records.
f the record : b) The 90th	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of day after the record is filed.
Dated	December 02, 2019
	loshua Howell
	Signature of a member or authorized representative of a member
	Joshua Howeli
	Typed or printed name of signee

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Filing Fee: \$25.00