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(Re	equestor's Name)	
(Ad	idress)	
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Certified Copies	_ Certificates	of Status
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K.SALY EXAMINER

COVER LETTER

	Registration Section Division of Corpora				
SUBJEC	r: Hov	NESCOUT Name of Limit	TMSPection and Liability Company	s LL	<u>.</u>
The enclos	sed Articles of Ame	endment and fee(s) are subm	nitted for filing.		
Please retu	ırn all corresponder	ice concerning this matter to	the following:		
	-	Jone	name of Person	Thelm	
	-	Homesco	vt Inspec	ctions	LLC
	-	370-D L	A Kewood Address	arch	<u>e</u>
	- -	MarGa Jwdryms E-mail address: (to	City/State and Zip Code Code	3063 oth, net	<u>-</u>
For furthe	r information conce	rning this matter, please cal	l :		
Jor	Name of Per	Jihelm	at (954) Area Code	40)-60 Daytime Telephon	907 ne Number
Enclosed i	is a check for the fo	llowing amount:			
\$25.00	0 Filing Fee [\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		\$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

	TO	EL
ARTICL	ES OF ORGANIZATION	200 FA
	OF	WAY - U
Name of the Limited Lin (A Flo	UT IN SpectionS ability Company as it how appears on our re orida Limited Liability Company)	2016 MAY - 5 AM 10: 17 CORDS. DESTATE CORDS. STATE CORD
The Articles of Organization for this Limited Liabilit	ty Company were filed on <u>8/16/</u>	(20)3 and assigned
Florida document number <u>L130001158</u>	<u> 163</u> .	
This amendment is submitted to amend the following	g;	
A. If amending name, enter the new name of the	limited liability company here:	
Howescout Pro	o Inspections	LLC
The new name must be distinguishable and contain 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 AL	ODRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX		
B. If amending the registered agent and/or re registered agent and/or the new registered office a		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street aa	ldress
		, Florida
	City	Zin 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.

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 = 1 $AMBR = 1$	Manager Authorized Member		~/LED	
<u>Title</u>	<u>Name</u>	Address	2016 MAY - 5 AM 10: 17 SECRETARY OF STATE FLORIDE	Type of Action
		<u></u>	ALLAHASSFE STATE	
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F Ffford	ive date, if other than the date of filing: 4/18/2016 (optional)
(II attiet	tective date is fished, the date inflist be specific and carnot be prior to date of fifting of more diality of days after fitting.) I dispare to 003.0207
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records.
acai.	is a serious ve date of the population of state stoods.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
,5, 1110	Outh day area the record is med.
.	4/18/2016
Dated	9/10/2010
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00