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SECRETARY OF STATE AND AND ASSESSED FOR STATE AND ASSESSED FOR AS

K.SALY EXAMINER SEP 18 2013

COVER LETTER

TO: Registration Section **Division of Corporations**

Novo Inspection Services, 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:

Manuel J. Novo

Name of Person

Novo Inspection Services, LLC

Firm/Company

3414 W Leroy Street

Address

City/State and Zip Code

Tampa, FL 33607

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Duane B Bishoff, CPA

 $at \, (\underbrace{813)356\text{-}0400}_{\text{Area Code \& Daytime Telephone Number}}$

Name of Person

Enclosed is a check for the 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 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

13 SEP 16 PM 12: 20 SCUTETARY OF STATE ALLAHASSEE, FLORIDA

Novo Inspection Services, LLC

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

The Articles of Organization for this Limited Li	iability Company were file	_{d on} September 5, 2013	and assigned
Florida document number L13000125834			
This amendment is submitted to amend the follo	owing:		
A. If amending name, <u>enter the new name of</u>	f the limited liability com	pany here:	
The new name must be distinguishable and end wit "L.L.C."	th the words "Limited Liabil	ity Company," the designation "LLC	" or the abbreviation
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
B. If amending the registered agent and/ registered agent and/or the new registered of		ress on our records, enter the	name of the new
Name of New Registered Agent:	Manuel J. Novo		
New Registered Office Address:	3414 W Leroy Stre	et	
	Enter Florida street address		5
	Tampa	, Florida <u>3360</u>)7
	City	, 2 131334	Zip Code
New Degistered Agent's Signature if changing	Pagistared 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 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>	Name	Address	Type of Action
MGRM	Manny Novo	3414 W Leroy Street	Add
		Tampa, FL 33607	Remove
MGRM	Manuel J. Novo	3414 W Leroy Street	
		Tampa, FL 33607	Remove
			Add Remove
			Add Remove
<u></u>			Add
<u></u>	<u> </u>		Add
			Kemove

If amending any other information,	enter change(s) here: (Attach additional sheets, if necessary.)
	
September 11	2013
····	
myn	
Manuel J. Novo	e of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00