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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 12, 2014

TROY STALLINGS 310 SW WASHINGTON AVE MADISON, FL 32340

SUBJECT: PEACE OF MIND HOME INSPECTIONS OF FLORIDA LLC

Ref. Number: L14000036506

We have received your document for PEACE OF MIND HOME INSPECTIONS OF FLORIDA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 214A00005380

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Peace of Mind Hune Inpection Name of Limited Liability	ty Company
Dear Sir or Madam:	
The enclosed Statement of Correction and fee(s) are submitted for filing	ng.
Please return all correspondence concerning this matter to the following	ng:
Truy Stalling 5 Name of Person	_
Firm/Company	_
310 SW Uashington Ave	_
Madisun, Fl. 32340 City/State and Zip Code	
In Spectur Truy Sa 7a 400 (an E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Tray Stallings at 772	633-9371
Name of Person Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:	
□ \$25 Filing Fee □ \$30 Filing Fee & □ \$55 Filing Fee & Certificate of Status	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (12/13)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Peace of Mind Hune In (Name of the Limited Liability Compl (A Florida Limited	Pections of Florid hay as it now appears on our records.) Liability Company)	1 2 LC
The Articles of Organization for this Limited Liability Company	were filed on March 4	2014 and assigned
Florida document number 414000036.506.		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab Peace of Mind Home Inspections The new name must be distinguishable and end with the words "Limited Liab		the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NA	
(Principal office address MUST BE A STREET ADDRESS)		f.h
		76 7
Enter new mailing address, if applicable:	NA	A1
(Mailing address MAY BE A POST OFFICE BOX)		frid - toppy
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	lice address on our records, <u>en</u> e:	ter the name of the new
Name of New Registered Agent:	NIA	
New Registered Office Address:		
	Enter Florida street address	
	, Florida	-
N 2 1 1 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as public being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I a rovided for in Chapter 605, F.S. (address, I hereby confirm that the	m familiar with and Or, if this document is limited liability
If Chang	ging Registered Agent, <u>Signature of New</u>	Registered Agent

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member <u>Title</u> <u>Name</u> <u>Address</u> **Type of Action** Add □ Remove □ Add ☐ Remove □ Add ☐ Remove □ Add ☐ Remove _D Add ☐ Remove □ Add ☐ Remove

	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
T	he have of the conpany was rispelled.
7	he name of the conpany was rispelled. inspections was Spelled "Inpections"
	
	· ·
he effectiv	date, if other than the date of filing: (optional) e date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after s document is filed by the Florida Department of State)
ated 4	1-14 April 1, 2014.
	Signature of a member or authorized representative of a member
	organization of a memory of authorized tellifeschilative of a memory
	Tron Stallings

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Filing Fee: \$25.00