

8/20/2020

Division of Corporations

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6363

From:

Account Name : WILSON TAX & ACCOUNTING INC.
Account Number : 120150000107
Phone : (941) 625-1925
Fax Number : (941) 625-1526

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: williamsickon@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MODERN HOME INSPECTIONS, LLC

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Y. SICKER
Help
AUG 21, 2020

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MODERN HOME INSPECTIONS, 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 Liability Company were filed on APRIL 3, 2014 and assigned Florida document number L14000055466.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2020 AUG 21 P 4:22

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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 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

AMBR = Authorized Member

[illegible]

[illegible]

Effective date, if other than the date of filing, _____ (Optional)
(If an effective 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 (3)(b)

Dated AUGUST 20 ~~2020~~

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00