

L14000 108994

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

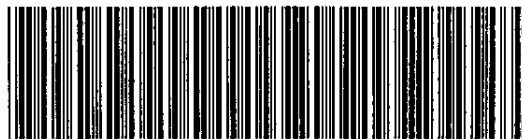
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OCT 11 2016

S. YOUNG

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 OCT 11 PM 2:37

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **ACCURATE HOME INSPECTIONS, LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anthony Tomas

Name of Person

Accurate Home Inspections, LLC

Firm/Company

816 NW 24th Avenue

Address

Cape Coral, FL 33993

City/State and Zip Code

accurate-inspect@outlook.com

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

For further information concerning this matter, please call:

Anthony Tomas

239

223-0349

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 OCT 11 PM 2:37

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Accurate 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 July 10th, 2014 and assigned
Florida document number L14000108994.

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)

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:

Anthony Tomas

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

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>	<u>Address</u>	<u>Type of Action</u>
Assistant	Meylin Lee	816 NW 24th Avenue	<input type="checkbox"/> Add
		Cape Coral, FL 33993	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Owner	Anthony Tomas	816 NW 24th Avenue	<input checked="" type="checkbox"/> Add
		Cape Coral, FL 33993	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA
OCT 1 PM 2:37

16 OCT 11 PM 2:31

16 OCT 11 PM 2:37
FALL AHAASSEE, FLORIDA
SECRETARY OF STATE
TULSA

(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Signature of a member

Anthony Tomas

Page 3 of 3

Filing Fee: \$25.00