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SECRETARY OF STATE DIVISION OF CORPORATION

N COOPER MAY 2 3 2018

## **COVER LETTER**

TO:	Registration Se Division of Cor						
SUBJI		e Inspections of SWFL, LLC					
SUBJECT:Name of Limited Liability Company							
The en	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please	return all correspo	ndence concerning this matter	to the following:				
		James A. Vaughn					
			Name of Person				
		Cornerstone Inspections of	f SWFL, LLC				
			Firm/Company				
		928 SW 36th Ter					
			Name of Limited Liability Company  and fee(s) are submitted for filing.  terning this matter to the following:  Name of Person  tone Inspections of SWFL, LLC  Firm/Company  36th Ter  Address  oral, Fl. 33914  City/State and Zip Code  igmail.com  E-mail address: (to be used for future annual report notification)  is matter, please call:  at (				
		Cape Coral, Fl. 33914					
			City/State and Zip Code				
		swflnpi@gmail.com					
		E-mail address: (	to be used for future annual report notifi	cation)			
For fu	rther information c	oncerning this matter, please ca	all:				
James	s A. vaughn		239 5600305				
	Name o	f Person	Area Code Daytime	Telephone Number			
Enclos	sed is a check for th	ne following amount:					
□ \$2	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 OF

Cornerstone Inspections of SWFL, LLC		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records Liability Company)	<u>*</u> )
The Articles of Organization for this Limited Liability Company	and assigned	
Florida document number L14000152073		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	928 SW 36th Ter, Cape Coral, I	FL. 33914
(Principal office address MUST BE A STREET ADDRESS)		<b>65</b>
		ECRI SION MA
		2 CF RAR
Enter new mailing address, if applicable:		7 Y C 2 X C 2 X C
(Mailing address MAY BE A POST OFFICE BOX)		· CR
		ATE ATE
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		rida
	City	Zip Code
Non-Distance I A - At Character of Cate and the Distance A - A		

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

Title	<u>Name</u>	Address	Type of Action
AMBR	KIM L. VAUGHN		
		1818 SW 26th Ter, Cape Coral, FL	■ Remove
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	May	16, 2018			
Effective date, if other that an effective date is listed, the d	in the date of filing:		(optional)	) Pursuant to 605.0	207
Note: If the date inserted in document's effective date or	this block does not meet the	applicable statutory fi			
diventient is effective dute of	the bepartment of state 510				
ne record specifies a de The 90th day after th		out not an effective	e time, at 12:01 a.m.	on the earlier	· of
Dated May 16	Signature of a member				
	I				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00