14000152073

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COVER LETTER

Division of Corp	porations	•	,
SUBJECT: CORN	ERSTONE INSPE Name of Lum	ECTIONS OF SU ted Liability Company	VFL, LLC
The enclosed Articles of a	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	KIM	L VAUGHN Name of Person	
	CORNER	ESTON T NSPECT.	FONS OF SWFL, LLC
	<u>1818 SW 3</u>	2 Love TEXRACE Address	-
	CAPE COL	City/State and Zip Code	
	KIMVI E-mail address: (1	AUGHN68 & 9 n o be used for future annual report hoti	nail.com
For further information co	oncerning this matter, please co	dl:	
KIM L Name of	/AUGHN Person	at (<u>339</u>) <u>560</u> Area Code Daytim	o - 7458 e Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CORNERSTONE INSPECT: (Name of the Limited Liability Compa (A Florida Limited I	nv as it now appears on our records:) Lability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000152073</u> .	were filed on $9/30/3014$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity 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)	1818 SW 26 TEARACE CAPE CORAL FL 53.944 TO
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	000 00 00 00 00 00 00 00 00 00 00 00 00
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	···
Name of New Registered Agent: KIM	L VAUGHN
New Registered Office Address: 1818	SW264-TEHRINCE Enter Horida street address
CAVE	COLAC Florida 33914 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>	Address	Type of Action
MGR/ AMBR	KIM L VAUGHN	1818 SW 26 th TEX CARE COLAR FL 33914	XAdd
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fective date, if other that nearliestive date is listed, the date: If the date inserted in temment's effective date on	this block does n	and cannot be prior of meet the applic	r to date of filing of rable statutory fil		after filing.) Pursi	
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Filing Fee: \$25.00