

240091185

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100268719121

02/02/15--01014--012 \*\*25.00

FILED  
2015 JAN -2 PM 2:24  
CLERK OF STATE  
TALLAHASSEE FLORIDA

FEB 09 2015  
J. BRUCE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FAIR HOME INSPECTIONS AND PROPERTIES LLC  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Jason Fair

Name of Person

Fair Home Inspections and properties LLC

Firm/Company

3916 Woodmere Park Blvd #14

Address

Venice, Florida 34293

City/State and Zip Code

Fairhomeinspection.fl@gmail.com

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

For further information concerning this matter, please call:

Jason Fair

941 2861429

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  
2015 JAN -2 PM 2:24  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FAIR HOME INSPECTIONS AND PROPERTIES LLC

Page 1 of 3

FILED  
FEB 2 2015  
PM 2:24  
U.S. DEPARTMENT OF STATE  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
Ep Com

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>	<u>Type of Action</u>
Mgr	Jason Fair	3916 Woodmere Park Boulevard	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED  
2015 FEB 2 PM 2:24  
CLERK OF STATE  
TALLAHASSEE FLORIDA

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

---

---

---

---

---

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 01/05, 2015



Signature of a member or authorized representative of a member

Jason R Fair

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

**FILED**  
2015 FEB  
JAN - 2 PM 2:24  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA