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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	•
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J. HARRIS

COVER LETTER

TO: Registration Sec Division of Corp		•	
SUBJECT: P	int Inspect	rion, LLC. ited Liability Company	<u> </u>
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	idence concerning this matter	to the following:	
	Ricardo	De la Cruz Name of Person	
	Point In	Spection, LLC. Firm/Company	······································
	4650	xalis Dr Address	
	Orlando,	FL 32807 City/State and Zip Code	
	Ricardo @ Poi E-mail address: (nthomeinspection to be used for future annual report notifi	· com
For further information co	ncerning this matter, please ca	all:	
Ricardo De Name of	la Cruz Person	at (<u>850</u>) <u>375-3</u> Area Code Daytime	3170 Telephone Number
Enclosed is a check for the	e 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Point Inspection	on, LLC
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)
Florida document number <u>L 15000 29789</u> .	were filed on <u>July 29, 2015</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited lial</u>	pility company here:
Point Home Inspection 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:	
(Principal office address MUST BE A STREET ADDRESS)	
	HASSEE CONTRACTOR
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5º 5 F
	RID S
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.	office address on our records, <u>enter the name of the new</u> e:
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

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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			☐ Remove
			Change
			Add
			□ Remove
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			🗆 Add
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Filing Fee: \$25.00

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