## L15000 179 491

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	
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## **COVER LETTER**

Division of Cor	porations		
	onstruction Services LLC		
SUBJECT:	Name of Limit	ed Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ondence concerning this matter to	o the following:	
	Jason Rohter		
		Name of Person	
	Southern Oaks Property Ins	pectors LLC	
		Firm/Company	
	10 Croomia Ct		
		Address	····
	Ocoee, FI 34761		
	<u></u>	City/State and Zip Code	<del></del>
	southernoakspi@gmail.com		
	E-mail address: (to	be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	11:	
Jason Rohter		407 497-0900 at ()	
Name c	of Person	Area Code Daytime	3 Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fec	☐ \$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:

TO:

**Registration Section** 

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

2013 G. 17 FM 1:5

Rohter's Construction Services LLC

(Name of the Limited Liability Company as it now appears on our records.)

The Articles of Organization for this Limited Liability Florida document number L15000179491		and assigned
This amendment is submitted to amend the following:	;	
A. If amending name, enter the new name of the li	mited liability company here:	
Southern Oaks Property Inspectors LLC		
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	***	······································
B. If amending the registered agent and/or reqregistered agent and/or the new registered office ac	•	rds, <u>enter the name of the new</u>
6 6 6	•	rds, enter the name of the new
registered agent and/or the new registered office ad	•	
Name of New Registered Agent:	ddress here:  Enter Florida street add	

## 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 a or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Change
<del></del>			Add
			Remove
			Change
	<del></del>		
			☐ Remove
			Change
		☐ Remove	
		Change	
		Remove	
			Change
			Add
			☐ Remove
			☐ Change

D. If amer	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
-	
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F Effectis	e date if other than the date of filing:
Note: 1	re date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated _	0/15/2019  Signature of a member or authorized representative of a member
	Jason Rohter

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Typed or printed name of signee

Filing Fee: \$25.00