LISOO 195734

. (Re	questor's Name)	
(Ad	dress)	
(Ād	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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O SIMMONS SEP 1 7 2018

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: AABCO Home Inspections, 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:
Jan Bonetto Name of Person
AABCO Home Inspections, LLC
1400 384 Aw N Address
St Potelsburg, FL 33704 City date and Zip Code Jan Daabco, net E-mataddress: (to be used for future annual report notification)
For further information concerning this matter, please call:
JAN BON ETTO at (813) 205-9700 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee \& Certificate of Status \$\Bigcup \$55.00 Filing Fee \& Certificate of Status \$\Bigcup \$60.00 Filing Fee. Certificate of Status \& Certified Copy (additional copy is enclosed) \$25.00 Filing Fee \$\Bigcup \$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

(Name of the Limited Liability Companied L.) (A Florida Limited L.)	Spections LLC v as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company of Florida document number <u>L150001957</u> 34	1 1 -
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty 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)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
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:	

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the

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
m GR	David	B Mathas	1330 86 to Terrace N	Add
			1330 86 TERRACE N St Petersburg, FL 33704	□ Remove
•				Change
				□ Remove
·				Change
<u> </u>				
				Remove
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(If an e <u>Note</u> docui	effective date, if other than the date of filing: If effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days at 11 the date inserted in this block does not meet the applicable statutory filing requirements, the ment's effective date on the Department of State's records. Ecord specifies a delayed effective date, but not an effective time, at 12:01	his date will not be listed as
	e 90th day after the record is filed.	
Dated	Signature of a member or authorized representative of a member	
	BROOCEY Ma Has Typed or printed name of signee	

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Filing Fee: \$25.00