## 11600028202

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filina Officer:	

Office Use Only



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DIVISION OF CHRPHRATICS

N COOPEF JUN 2 1 2018

## **COVER LETTER**

TO:	Registration Se Division of Cor			
		INITION INSPECTION SER	VICES LLC	
- -	ECT:	Name of Lim	ited Liability Company	
The en	iclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		ANTWAN RICHARDSO	N	
			Name of Person	
		TRUE DEFINITION INSI	PECTION SERVICES LLC	
		-	Firm/Company	
		1215 WESTDALE DR		
			Address	
		JACKSONVILLE FL 322	П	
			City/State and Zip Code	<del></del>
		definitiontrue@gmail.com		
			to be used for future annual report notif	ication)
For fur	ther information e	oncerning this matter, please ca	all:	
ANTV	VAN RICHARDS	ON	904 537-9578 at ()	
	Name o	f Person		Telephone Number
Enclos	ed is a check for the	ne following amount:		
<b>■</b> \$2	5.00 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

npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on $\frac{02/10/2016}{1.16090028202}$ .	
ability company here:	
-	
ability Company," the designation "LLC" or th	e abbreviation "L.L.C."
1215 WESTDALE DR	<b>18</b>
JACKSONVILLE FL 32211	
	2 2
1215 WESTDALE DR	Сокрой 1 <b>РН</b>
JACKSONVILLE FL 32211	7. Ali
	<u> </u>
office address on our records, ent	er the name of th
	<del></del>
Enter Florida street address	
- 11	ability company here:  ability Company," the designation "LLC" or the 1215 WESTDALE DR  JACKSONVILLE FL 32211  1215 WESTDALE DR  JACKSONVILLE FL 32211  office address on our records, ent

If Changing Registered Agent, Signature of New 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

company has been notified in writing of this change.

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	SHANNON LEE	1215 WESTDALE DR	<b>=</b> Add
		JACKSONVILLE FL 32211	□ Remove
			□ Change
			Add
			□ Remove
			☐ Change
		<del></del>	☐ Add
			Remove
			☐ Change
			□ Add
			□ Remove
			Change
<u>-</u>			Add
		<del></del>	□ Remove
			□ Change
			□ Remove
			□ Change

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		IS NOT B	- 유동 - 유당
		<del>-</del> -	200 200 200 200 200 200 200 200 200 200
		PM 1: 23	F 5 I/ PORA
		<del>-2</del>	TIONS
	•		
Note	ctive date, if other than the date of filing:		
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the	earlie	er of:
	ne 90th day after the record is filed.		
	ne 90th day after the record is filed.		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00