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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Sa Hife Handyman Services LbC 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:
Steve McNutt Name of Person
Name of Person
Saltlife Handman Services LLC Firm/Company
Firm/Company
171 Bris Ciado West
171 Brig Circle West Address
Pl F/ 329///
Placida FL, 33946 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Steve modult at (941) 716 - 0439 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
■ \$25.00 Filing Fee

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**

Sattlife Ha	ndignan Se-vices LLC jability Company as it now appears on our records.)	
(A)	Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi	lity Company were filed on march 8, 2016	and assigned
Florida document number	<u> </u>	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
Redline Home Inspections	<i>LLC</i>	5
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	Sec. 1 1
(Principal office address MUST BE A STREET A		(A) (A) (A)
		William Control
		6
Enter new mailing address, if applicable:	-	•••
(Mailing address MAY BE A POST OFFICE BO.	<u></u>	
D. If arreading the product of a read and to		Alexander of Alexander
registered agent and/or the new registered office	registered office address on our records, enter	the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Emer Fiorida Street address	
-	, Florida	7: 0.1
	City	Zip Code
New Registered Agent's Signature, if changing Regi	stered Agent:	

N

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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			Change
 			
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fective date, an effective date ote: If the date ocument's effective date	is listed, the date inserted in th	e must be specif iis block does	ic and cannot not meet th	e applicable	te of filing or m statutory filing	ore than 90 days	optional) after filing.)	Pursuant to will not be	605.0207 listed as
record spe The 90th da				but not ar	effective t	ime, at 12:	01 a.m.	on the e	arlier of
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Filing Fee: \$25.00