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(F	Requestor's Name)	
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((City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
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1)	Document Number)	
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COVER LETTER

Division of Corporations				
SUBJECT:	Jaypoint Hom Name of Lim	ited Liability Company	<u> </u>	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspor	ndence concerning this matter	to the following:		
	SA	Name of Person		
		Firm/Company		
	171 Bri	g Circle West		
		FL, 33946 City/State and Zip Code		
	Sa/t/ifes E-mail address: (to be used for future annual report notifi	ication)	
For further information co	ncerning this matter, please co	all:		
Steve 1000 Name of	CNWit Person	at (<u>94/</u>) <u>7/6 - 0</u> Area Code Daytime	: Telephone Number	
Enclosed is a check for the	e following amount:			
	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address	<u>:</u>	Street Address:		

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Waypoint Home Inspections LLC

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

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on March, 08, 2016 and assigned Florida document number 4/6 0000 479 39 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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 office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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			Same Angeria		
<u>Title</u>	Name	Address	2021 FEB _ 2	AM 6: 47	Type of Action
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	ter change(s) here: (Attach additional sheets, if necessary.)
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ctive date, if other than the date of i	filing: (ontional)
effective date is listed, the date must be specif	fic and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(
If the date inserted in this block does ment's effective date on the Department	not meet the applicable statutory filing requirements, this date will not be listed as the it of State's records
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filed.	ut not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
1 7 27th	a
d January 27th	
Signature	e of a member or authorized representative of a member
Steine	Typed or printed name of signee
	Typed or printed name of signee