L 6000054823

(F	Requestor's Name)
(A	Address)
(A	oddress)
(0	City/State/Zip/Phone #)
PICK-UP	Wait Mail
(E	Business Entity Name)
(E	Pocument Number)
Certified Copies	Certificates of Status
Special Instructions t	o Filing Officer:

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COVER LETTER

TO: Registration So Division of Cor		9 '	_	
Colleron B	uilding Inspection Services, LI	c		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
	ondence concerning this matter			
	Timothy Shippee			
		Name of Person	<u> </u>	
	Hathaway & Reynolds, PL	LC		
		Firm/Company		
50 A1A North, Suite 108			2020 OCT 16	
		Address		0CT
	Ponte Vedra Beach, FL 32	082		16 PH 1
		City/State and Zip Code		72 72
	support@cbinspectionserviene E-mail address: (ces.vom to be used for future annual report notifi	cation)	1: 09 1: 09
For further information of	concerning this matter, please c	all:		
Timothy Shippee		904 280-5526 at ()		
Name o	of Person	Area Code Daytime	Telephone Number	-
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fe Certificate of St Certified Copy (additional copy is)	tatus &
Mailing Addres		Street Address: Registration Sec	tion	
Registration Section Division of Corporations		Registration Sec Division of Corp		
P.O. Box 632	•	The Centre of Ta		

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Colleron Building Inspection Services, LLC			
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) nited Liability Company)		
The Articles of Organization for this Limited Liability Comp		and assig	gned
Florida document number L16000054823			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
Colleron Building Services, LLC			
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the abbr	eviation "L.L	.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	Si	į.	2021
2 The first office and the first state of the first			- i
		£, 7°	
Enter new mailing address, if applicable:			5 -71
(Mailing address MAY BE A POST OFFICE BOX)		77.1	<u> </u>
(Mulling dadress MAT BL AT OST OFFICE DOA)		1.747 1.75	 -
			- w -
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, <u>enter the name</u>	of the new	registered
Name of New Registered Agent:			
New Registered Office Address:		<u> </u>	
	Enter Florida street address		
	, Florida	···	
	City	Zin Code	

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 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	Wenda L. Pessolano	3545 St. Johns Bluff Road S.	
		Suite 225	□Remove
		Jacksonville, FL 32224	□ Change
			□∧dd
			□ Remove
			Change
			Add 200 OCT Remove 6
			DAdd 9
			□Remove
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		□ Add	
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Filing Fee: \$25.00

Typed or printed name of signee