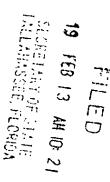
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Office Use Only



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O SIMMONS FEB 1 & 2019



February 1, 2019

STEVEN HERNANDEZ 709 WELDWOOD RD JUPITER, FL 33458

SUBJECT: TOTAL VIEW INSPECTIONS, LLC

Ref. Number: L16000062695

We have received your document for TOTAL VIEW INSPECTIONS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is L17000246050.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist III

Letter Number: 419A00002324

919 FEB 13 PHI2: 52



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 18, 2019

STEVEN HERNANDEZ 709 WELDWOOD RD JUPITER, FL 33458

SUBJECT: TOTAL VIEW INSPECTIONS, LLC

Ref. Number: L16000062695

2019 J. 1.29 P.F. 1: 25

We have received your document for TOTAL VIEW INSPECTIONS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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Please insert the alternate name in the space provided on the application form.

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The document number of the name conflict is L17000246050.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist III

Letter Number: 519A00001485

COVER LETTER

Div	ision of Cor	porations			
SUBJECT:		EW INSPECTIONS, LLC			
SOBJECT	-	Name of Limi	ted Liability Company		
The enclosed	I Articles of a	Amendment and fee(s) are sub	nitted for filing.		
Please return	all correspo	ndence concerning this matter (to the following:		
		STEVEN HERNANDEZ			
			Name of Person	·	
		Name of Person TOTAL VIEW INSPECTIONS. LLC Firm/Company 709 Weldwood Rd. Address Jupiter. FL 33458 City/State and Zip Code Thetiz/Solutions@Gmail.com E-mail address: (to be used for future annual report notification) ion concerning this matter, please call: at (
Firm/Company					
	Address				
		E-mail address: (1	o be used for future annual report notif	lication)	
For further in	nformation co	oncerning this matter, please ca	ılı:		
Steven Hern	andez				
	Name of	Person	Area Code Daytime	e Telephone Number	
Enclosed is a	i check for th	e following amount:			
□ \$25.00 F	filing Fee	_	Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

TO:

Registration Section

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

TOTAL VIEW INSPECTIONS, LLC			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records liability Company)	<u>.)</u>	
The Articles of Organization for this Limited Liability Company Torida document number <u>L16000062695</u>	were filed on 03/29/2016	and assigned	
This amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liab	ility company here:		
AT RESIDENTIAL AND COMMERCIAL SOLUTIONS, LLC		.	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC"	or the abbreviation "L.L.C."	
nter new principal offices address, if applicable:	709 Weldwood Road	超田工	
Principal office address MUST BE A STREET ADDRESS)	Jupiter, FL 33480	- ST 5 F	
Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	709 Weldwood Road Jupiter, FL 33480	FETATE PLORID	
. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here		, enter the name of the	
sgistered ungert up a vi the new registered office und the new	<u>-</u> ·		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Flo	orida Zip 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 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				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
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ective date, if other than the date of filing:	(optional)	
reffective date is listed, the date must be specific and cannot be prior to c	date of filing or more than 90 days after filing.) Pursuant to 605.02
te: If the date inserted in this block does not meet the applicable cument's effective date on the Department of State's records.	le statutory liling requirements, this date	will not be listed
record specifies a delayed effective date, but not a he 90th day after the record is filed.	an effective time, at 12:01 a.m.	on the earlier
February 8th 2019		
1 + 1.		
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00