LIW00132973

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SECRETARY OF STATE

D. BRUCE NEC 07 2016

COVER LETTER

SUBJECT: Bowman Property Inspections, LLC
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:
Richard Bowman
Bowman Property Inspections, LLC
2225 Grand Tree Ct
Lake may Fr 32746 City/State and Lip Code
bowman omperfunspections @
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Richard Bowman at (407) 547-6828 5 Area Code Daytime Telephone Number 7
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$ \$\times \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)}\$\$\$ \$Certified Copy (additional copy is enclosed)\$\$\$ \$Certified Copy (additional copy is enclosed)\$\$\$\$}\$\$\$

MAILING ADDRESS:

Registration Section
Division of Corporations

TO:

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

The Articles of Organization for this Limited Liability Company were filed on __ 616000182973 Florida document number 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: 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

If Changing Registered Agent, Signature of New Registered Agent

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> **Address** Type of Action <u>Name</u> □ Add ☐ Remove □ Change ☐ Add ☐ Remove _□ Change _□ Add ☐ Remove ☐ Change □ Add Remove T lik,∧dd **≥** □ Remove ☐ Change □ Add □ Remove ☐ Change

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n effective date is listed, the da	ate must be specific	and cannot be prior	to date of filing or m	ore than 90 days aft	er filing.)	Pursuant to	605.0207 (
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00