

L16000189453

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(City/State/Zip/Phone #)

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B FIGUEROA

FEB 02 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 23, 2018

FELIX FUENTES
2517 SW 12ST
MIAMI, FL 33135

SUBJECT: CERTIFIED HOME INSPECTION OF FLORIDA,LLC
Ref. Number: L16000189453

We have received your document for CERTIFIED HOME INSPECTION OF FLORIDA,LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is missing pages 2 and 3. Please complete the enclosed form.

Please return the corrected original and one copy of 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.

Brittany M Figueroa
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 318A00001350

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Certified Home Inspection Of Florida,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:

| |
|--|
| Felix J. Fuentes |
| Name of Person |
| Certified Home Inspection Of Florida, I.L.C |
| Firm/Company |
| 2517 SW 12 ST |
| Address |
| Miami Florida 33135 |
| City/State and Zip Code |
| mrfjfuentes@gmail.com |
| E-mail address: (to be used for future annual report notification) |

For further information concerning this matter, please call:

Felix J. Fuentes 786 486-8969
 _____ at (_____) _____
 Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

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BF

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Certified Home Inspection Of Florida,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 October 12, 2016 and assigned
Florida document number L16000189453.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Home Inspection State Certify,LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2517 SW 12 ST

Miami Florida

33135

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2517 SW 12 ST

Miami Florida

33135

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:

Felix J. Fuentes Sr

New Registered Office Address:

2517 SW 12 ST

Enter Florida street address

Miami

City

Florida 33135

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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|---------------------|------------------------------|---|
| MGR | Felix J. Fuentes Sr | 2517 SW 12 ST Miami FL 33135 | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Felix J. Fuentes | 2517 SW 12 ST Miami FL 33135 | <input checked="" type="checkbox"/> Add |
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

Signature of a member or authorized

Felix J. Fuentes

Typed or printed name of signee

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