# 116000193705

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	<del> </del>
(City	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	me)
(Doc	cument Number)	)
Certified Copies	_ Certificate:	s of Status
Special Instructions to f	Filing Officer:	

Office Use Only



900305529559

11/14/17--01055--010 \*\*60.00



NOV 1 6 2017 Y SULKER



#### **Expert Network**

12460 SW 8 St, #204

Miami, Fl 33184

Mailing address:

4302 Hollywood, F #151

Hollywood, Fl 33021

11-13-17

To whom it may concern:

On November 6, 2017 we sent a request to form a new corporation named EXPERT NETWORK, INC. (See attached articles)

Today November 13, 2017 we recognize that there may be a conflict with our existing LLC named EXPERT NETWORK, LLC. We do not want the new corporation to be rejected, therefore:

Enclosed you will find an amendment to our existing EXPERT NETWORK, LLC renaming the LLC to EXPERT INSPECTIONS, LLC.

Let this letter serve as a release to the EXPERT NETWORK, LLC name so that the EXPERT NETWORK, INC corporation may be processed and not rejected.

If you have any questions, please do not hesitate to call me at 954-274-1065.

Jose Puentes, a.k.a. Joe Puentes

JJP Group Holdings, LLC, d.b.a. Restore All, MGR

#### **COVER LETTER**

CO: Registration Solution of Co.			
Expert Net	work, LLC		
		nited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jose Puentes		
	<del></del>	Name of Person	
	Expert Network, LLC		
	<del></del>	Firm/Company	
	4302 Hollywood Blvd, #1	51	
		Address	
	Hollywood, Fl 33021		
		City/State and Zip Code	
	joepricester@gmail.com		
		to be used for future annual report notifi	cation)
For further information of	concerning this matter, please c	all:	
Jose Puentes		954 274-1065 at ()	
Name o	f 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)	■ \$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

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Expert Network, LLC			
(Name of the Li	mited Liability Come (A Florida Limited	any as it now appears on our record Liability Company)	<u> </u>
The Articles of Organization for this Limited			
Florida document number L16000193705		y were fried on	and assigned
This amendment is submitted to amend the fo	ollowing:		
L. If amending name, enter the new name	of the limited list	pility company here:	
Expert Inspections, LLC		<del></del>	
he new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designation "I I C"	and a literature of the second
Enter new principal offices address, if applicable:		12460 SW 8 St., #204	or the aboreviation -L.L.C."
Principal office address MUST BE A STRE	ET ADDRESS)	Miami, FL 33184	
Inter now weather add to the state of		12462 500 2	ا بندا
Enter new mailing address, if applicable:		12460 SW 8 St., #204	
(Mailing address MAY BE A POST OFFICE BOX)		Miami, FI 33184	. in
			1
If amending the registered course			
. If amending the registered agent and existered agent and/or the new registered of	d/or registered of	fice address on our records,	enter the name of the n
The state of the s	ATTICE NOTICES TIELD	<b>!</b>	77.1
Name of New Registered Agent:	Mariela Calderi	n	co co
New Registered Office Address:	12460 SW 8 St.	#204	
		Enter Florida street address	
	Miami	Øla-	ida
		City , Flor	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>	Name	Address	Type of Action
MGR	Restore All	4302 Hollywood Blvd 151	
		Hollywood, Fl 33021	
		110119 WOOD, 11 33021	■ Remove
			Change
			Remove
			Change
			Add
			Remove .
			Cis Cis Cis Cis Cis Cis
<del></del>			
			Remove
			☐ Change
			□ Remove
			☐ Change
<del></del>			
			Remove
			☐ Change

		<del></del>
		<del></del>
		<del></del>
		<del></del>
		·
		<u> </u>
		<u>×</u>
		1
		3
	( <del>**</del>	Ċ:
	<i>Ξ</i>	<del></del>
Effective date, if other than the date of filling of the date must be specific at Note: If the date inserted in this block does not document's effective date on the Department of	nd cunnot be prior to date of filing or more than 90 days after filing.) Pursuant	to 605.0207 be listed as (
ne record specifies a delayed effective The 90th day after the record is filed	date, but not an effective time, at 12:01 a.m. on the	earlier of:
Dated November 13	2016	
<b>\</b> '		
	base in authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00