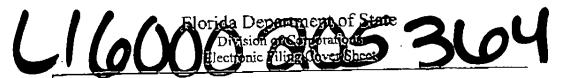
Page 1 of 1

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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| will generate another cover sheet. | |
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| | , , |
| vision of Corporations | • |
| x Number : (850) 617-6383 | - |
| | |
| count Name : JOHN M WICKER PA | į |
| count Tumber : 120076000104 | • |
| one : (235) 939-2222 | • • |
| x Number : (239)939-2280 | |
| | x Number : (850) 617-6383 count Name : JOHN M WICKER FA count Number : 120076000104 one : (235) 939-2222 |

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Emil Address: MUICKERD Caw (rw. COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DBS HOME INSPECTION & CONSULTING, LLC

| Certificate of Status | 0 |
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J. HARRIS

239-939-2280

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

| DBS HOME INSPECTION & CONSULTIN | IG. ELC | |
|--|--|---------------------------------------|
| (\(\frac{\text{Nome of the Limited Liability}}{\lambda \text{Flends}}\) | ty Company as it now appears on our records.) a Limited Liability Company) | |
| he Articles of Organization for this Limited Liability C | Company were filed on 11/08/2016 | and assigned |
| lorida document number L16000205364 | <u>_</u> . | |
| his amondment is submitted to amend the following: | | |
| . If amending name, enter the new name of the lim | ited liability company here: | |
| SYDOW & ASSOCIATES, LLC | | |
| he new name must be distinguishable and contain the words "Lir | nited Liability Company," the designation "LLC" o | r the abbreviation "L.L.C." |
| Inter new principal offices address, If applicable: | | |
| Principal office address MUST BE A STREET ADD | RES\$) | |
| TORONO OTTOC OSSIGNATION | | * 4 (=) |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | · · · · · · · · · · · · · · · · · · · | |
| | | · · · · · · · · · · · · · · · · · · · |
| | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office ad Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida spect addrass | |
| | , Flor | ida |
| | City | Zio Gode |

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

Page 1 of 3 H 18 0000 453123

239-939-2280

___ 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:

| Title Name Address | Type of Action |
|--------------------|----------------|
| | |
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