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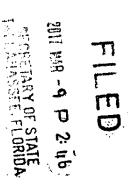
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: CBG PROPERT INSPECTORS LI Name of Limited Mability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Gonzalo G Ruiz III	
Firm/Company	
9241 SW 56 Tr.	
Address	
Miami, FL 33173	
City/State and Zip Code ON 29 ON 29 ON 20	ail.com
For further information concerning this matter, please call:	
Gonzalo G. Rull III at 305, 457-740 Name of Person at 305, Area Code Daytime Telephone	Number
Enclosed is a check for the following amount:	
Certificate of Status 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**

CBG Property Inspectors	LLC
(Name of the Limited Liability Company as it now appears on our records (A Florida Limited Liability Company)) <u>.</u>
The Articles of Organization for this Limited Liability Company were filed on 11221 Florida document number 10000213770	and assigned
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:	New New York
(Mailing address MAY BE A POST OFFICE BOX)	ganization for this Limited Liability Company were filed on 112216 and assigned number L1000213770 as submitted to amend the following: A
B. If amending the registered agent and/or registered office address on our records, registered agent and/or the new registered office address here:	, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street address	7
William To a second and a second a second and a second an	
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

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

Winter 1	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Change
			🗆 Add
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			Change
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		(2) (7) (8) (7) (7) (7)	Remove SI
		FLOR	Change

_	nding any other information, enter change(s) here: (Attach additional sheets, if	· · · · · · · · · · · · · · · · · · ·	
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E ffectiv	ve date, if other than the date of filing:(0	ptional)	
If an effe	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days of the date inserted in this block does not meet the applicable statutory filing requirements.	after filing.) Pursuant	
docume	nt's effective date on the Department of State's records.		
	ord specifies a delayed effective date, but not an effective time, at 12:090th day after the record is filed.)1 a.m. on the	earlier of:
Dated _	February 24, 2017.		
	Signature 64 member or authorized representative of a member	<u>** * 23</u>	
	Ganzolo G Dini 2 111	3	-17
	Typed or printed name of signee	ASS.	- F
		79 7	
	Page 3 of 3	© ₹ %	

Filing Fee: \$25.00