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SECRETARY OF STATE ALLAHASSEE, FLORIDA

FILED

D. BRUCE JUN 28 2017

COVER LETTER

TO: Registration S Division of Co			
CITATION	ections, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Keathel Chauncey, Esq.		
٠.		Name of Person	
	Fresh Legal Perspective, F	PL	
		Firm/Company	
	6930 W. Linebaugh Aven	ue	
		Address	
•	Tampa, FL 33625		IAS 2
	Contact@BLTFL.com	City/State and Zip Code	SECRI
•	. =	to be used for future annual report notific	AHASSI
For further information	concerning this matter, please c	all:	
Keathel Chauncey, Esq.		813 448-1042	F STA FLOR
Name (of Person	at () Area Code Daytime `	Telephone Numb
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)
	JING ADDRESS: ration Section	STREET/COURIE Registration Section	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Neal Inspections, LLC			
(Name of the Limite	d Liability Compa A Florida Limited I	ny as it now appears on our rec Liability Company)	cords.)
The Articles of Organization for this Limited Lia lorida document number L16000216478	ability Company	were filed on 11/29/2016	and assigned
his amendment is submitted to amend the follo	wing:		
. If amending name, enter the new name of	the limited liab	ility company here:	
he new name must be distinguishable and contain the wo	uda 11 imitad Liabil	lity Company " the designation "	VII C" or the abbreviation "I I C"
-		ny Company, the designation	TAS 2
nter new principal offices address, if applica Principal office address MUST BE A STREET			
rancipui office uuuress MUST BE A STREET	(ADDRESS)		JUN 2
nter new mailing address, if applicable:		12035 Citrus Falls Circle	W OF S
Aailing address MAY BE A POST OFFICE BOX)		#301	ORIGINAL D
		Tampa, FL 33625	2
If amending the registered agent and/or gistered agent and/or the new registered off Name of New Registered Agent:	_	<u>e</u> :	ords, <u>enter the name of the</u>
	6930 W. Lineba	augh Avenue	
New Registered Office Address:	5750 W. Editor	Enter Florida street ad	ldress
•	Tampa		, Florida <u>33625</u>
		City	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

$\mathbf{AMBR} = A$	Authorized Member	•	
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u> </u>			
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Filing Fee: \$25.00