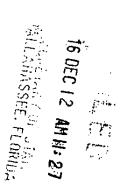
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COVER LETTER

Division of Corporations
SUBJECT: INSPECTION EYES 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:
RANDALL T. THIBODEAUX Name of Person
INSPECTION EYES LLC Firm/Company
408 SPANISH MOSS TRAIL
DESTIN FL 32541 City/State and Zip Code randy + 11c @ gmail. Com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
RANDALL T. THIBODEAUX at (850) 714-1714 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \$\subseteq \text{\$\subseteq \since \text{\$\subseteq \text{\$\subseteq \since \text{\$\subseteq \since \text{\$\subseteq \text{\$\subseteq \since \text{\$\since \text{\$\since \text{\$\since \text{\$\since \text{\$\since \text{\$\since \since \text{\$\since

MAILING ADDRESS:

TO:

Registration Section

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

_ INSPECTION E	こうヒラ	<u> </u>	
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	y <mark>as it now appears on o</mark> ability Company)	our records.)	
The Articles of Organization for this Limited Liability Company w Florida document number <u>L 16000 2 173</u> . HO	vere filed on 11/	30/16 and as:	signed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability HOME INSPECTOR E The new name must be distinguishable and contain the words "Limited Liability	YES	LLC" or the abbreviation "L	.L.C."
Enter new principal offices address, if applicable:	N/A		
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	16 DEC L	. ,
B. If amending the registered agent and/or registered officegistered agent and/or the new registered office address here:	ce address on our	records, enter the mame	of the new
Name of New Registered Agent:	1	- A	
New Registered Office Address:	Enter Florida sti	reet address	
	City	, Florida Zip Code	
	Cuiv	Lip 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 **Title Type of Action** <u>Name</u> **Address** _□ Add ☐ Remove _□ Add ☐ Remove □ Add ☐ Remove _ Change _□ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change

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an effective date is listed lote: If the date insert	d, the date must be speci	fic and cannot be p	rior to date of filing	g or more than 90 days	after filing.) Pursu	
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Filing Fee: \$25.00