L 1700007691

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COVER LETTER

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Tallahassee, FL 32314

TO: Registration So Division of Cor					
FRANK'S	FRANK'S HOME INSPECTION, LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	FRANK SENORANS				
		Name of Person			
	FRANK'S HOME INSPEC	TTION, LLC			
		Firm/Company			
1175 PARK LANE, UNIT 104					
		Address			
	DAVENPORT, FL 33896 City/State and Zip Code fsinspector77@gmail.com				
		to be used for future annual report n	otification)		
For further information of	concerning this matter, please co	all:			
FRANK SENORANS		407 541-7834 at ()			
Name c	of Person	Area Code Dayı	ime Telephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	S30.00 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 Addres		Street Address: Registration S	Section		
Division of C		Division of C			
P.O. Box 632	•	The Centre of	•		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FRANK'S HOME INSPECTION, LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now uppears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000076971</u> .	y were filed on <u>04/05/2017</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or	
Enter new principal offices address, if applicable:	1175 PARK LANE, UNIT 104	2023
(Principal office address MUST BE A STREET ADDRESS)	DAVENPORT, FL 33896	(B)
		- :
Enter new mailing address, if applicable:	1175 PARK LANE, UNIT 104	PH .
(Mailing address MAY BE A POST OFFICE BOX)	DAVENPORT, FL 33896	71 22
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		name of the new registere
	Enter Florida street address	
	Florid	a Zip Code
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent and agr	<u>:</u>	,
provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	provided for in Chapter 605, F.S.	Or, if this document is

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>	<u>Name</u>	Address	Type of Action
AMBR	RAFAELA E BATISTA	1981 KIMLYN CIRCLE, KISSIMMEE, FL 34758	□Add
			■Remove
			DChange
			🗆 Add
			□Remove
			□Change
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			Remove
			□Change

1175 PARK LN, UNIT 104, DAVENPORT, FL 33896)
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	PH.
	
	
ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be precise. If the date inserted in this block does not meet the apparent's effective date on the Department of State's recomment's	(optional) rior to date of filing or more than 90 days after filing.) Pursuant to 605 blicable statutory filing requirements, this date will not be liste
ford specifies a delayed effective date, but not an effective filed.	e time, at 12:01 a.m. on the earlier of: (b) The 90th day after
ed MAY 15.	
V 11¥	

Filing Fee: \$25.00