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COVER LETTER

TO:	Registration Sec Division of Corp			
		ON EXPERTS, LLC		
SUBJE	CI:	Name of Lim	ited Liability Company	
The enc	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		Angela Williams		
			Name of Person	
		The Duncan Duo at REMA	AX Dynamic	
			Firm/Company	4
		6320 S Dale Mabry Hwy		
			Address	
		Tampa, FL 33611		
			City/State and Zip Code	
		accounting@theduncanduo	.com to be used for future annual report not	rification)
For furt	her information co	oncerning this matter, please c	·	
Angela	Williams		813 359-8990 at ()	
	Name of	Person		ne Telephone Number
Enclose	ed is a check for th	ne following amount:		
S \$25	5.00 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)
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	orations Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

INSPECTION EXPERTS, LLC		
(<u>Name of the Limited Liability Co</u> # (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
he Articles of Organization for this Limited $egin{bmatrix} 1 & 1 \\ 1 & 1 \end{bmatrix}$ ability Comp.	any were filed on 09/05/2017	and assigned
orida document number L17000188715		
is amendment is submitted to amend the following:		
If amending name, enter the new name of the limited	iability company here:	
e new name must be distinguishable and contain the words "Limited I.	iability Company," the designation "LLC" or the a	bbreviation "L.L.C."
iter new principal offices address, if applicable:	3690 W Gandy Blvd #438	
rincipal office address MUST BE A STREET ADDRESS	7 Tampa, FL 33611	
nter new mailing address, if applicable:	3690 W Gandy Blvd #438	
failing address MAY BE A POST OFFICE BOX)	Tampa, FL 33611	
If amending the registered agent and/or registered gistered agent and/or the new registered office address		the name of the
istered agent and/or the new registered office address	ucre .	re en
B 1		
Name of New Registered Agent:		<u>in</u>
	344	<u>ij</u>
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address	
	Enter Florida street address , Florida	. 69

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

lf amending or removed	g Authorized Person(s) authorizer from our records:	ed to manage, enter the title, name, and	i address of each person being add
MGR = M AMBR = A	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Change
	<u> </u>		Add
			□ Remove
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			□ Add
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			D Add
			Remove
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			☐ Change

amend	ling any other inform	ation, enter chan	ge(s) here: (Attach e	additional sheets, if nec	essary.)
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an effect ote: If	edate, if other than the ive date is listed, the date in the date inserted in this lit's effective date on the	ust be specific and car block does not mee	t the applicable statutor	(opti ng or more than 90 days afte ry filing requirements, thi	i onal) r filing.) Pursuant to 605.02 is date will not be listed :
	rd specifies a delaye Oth day after the re		e, but not an effec	tive time, at 12:01	a.m. on the earlier
ited	Nember	<u> </u>	2017.	\neg	
		Signature of a mer	nber or authorized representation	entative of a member	
		Angele	Duncan		
		1 W (4) (2) T	ped or printed name of si	gnee	
		 			
		4 [

Filing Fee: \$25.00