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SECRETARY OF STAIL ON DIVISION OF CORPORATIONS

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## **COVER LETTER**

TO:

TO:				
CHD ITA		IOME INSPECTIONS LLC.		
Division of Corporations  SUBJECT:  OSPECK HOME INSPECTIONS 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:  OCAIRY MARTINEZ  Name of Person  OSPECK HOME INSPECTIONS LLC  Firm/Company  1476 NW 107TH AVENUE SUITE 1  Address  MIAMI, FLORIDA 33172  City/Ntate and Zip Code  OSNIELPEREZ @GMAIL.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  OSNIEL PEREZ  Name of Person  OSNIEL PEREZ  1786  Area Code  Daytime Telephone Numb  Enclosed is a check for the following amount:  S25.00 Filing Fee  Certificate of Status  Certificate Copy (certific Copy) (additional copy is enclosed)  MAILING ADDRESS: Registration Section  Registration Section	<b>←</b>			
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		OCAIRY MARTINEZ		
			Name of Person	<del></del>
		OSPECK HOME INSPEC	TIONS LLC	
			Firm/Company	<del></del>
		1470 NW 107TH AVENU	JE SUITE I	
			Address	
		MIAMI, FLORIDA 33172	2	
			City/State and Zip Code	
		<del>-</del>		None (max)
For furtl	ner information c			iteation)
OSNIE	L PEREZ		786 715-4165	
		f Barcan	at ()	a Talanhana Mumbar
	Name 0	i i cison	Attea Code Dayani	e Tetephone Number
Enclose	d is a check for th	ne following amount:		
\$25	00 Filing Fee		Certified Copy	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr			on

P.O. Box 6327 Tallahassee, Fl. 32314 Division of Corporations Clifton Building 2661 Executive Center Circle Tallzhassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OSPECK	HOME	INSPECTIONS	LLC

(Name of the Lim	ted Liability Compan (A Florida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited L Florida document number <u>L17000193462</u>	Liability Company	were filed on 07/19/2018	and assigned
This amendment is submitted to amend the foi	lowing:		
A. If amending name, enter the new name of	of the limited liabi	lity company here:	
The new name must be distinguishable and contain the	words "Limited Liabili	ty Company," the designation "LLC" of	the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
Principal office address MUST BE A STREE	ET ADDRESS)		<b>18</b>
			AUG
			30 PA
S. 18 18 18 18 11	•		0 P
Enter new mailing address, if applicable:	•		<del></del>
<u>Mailing address MAY BE A POST OFFICE</u>	(BOX)		2: RA
			57
3. If amending the registered agent and registered agent and/or the new registered of			enter the name of the
Name of New Registered Agent:	OSNIEL PEREZ	Ζ	
New Registered Office Address:	1470 NW 107TI	H AVENUE SUITE: I	
		Enter Florida street address	
	MIAMI	. Floric	da 33172
•		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

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

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	OCAIRY MARTINEZ	1470 NW 107TH AVENUE SUITI	
			■ Remove
	•		Change
MGR	OSNIEL PEREZ	1470 NW 107TH AVENUE SUITE	■ Add
		<del></del>	☐ Remove
		<del></del>	Change
			Add
			Remove
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fective date, if other than the date of filing:			_ (optional)		
Tective date, if other than the date of filing:  If the date is listed, the date must be specific and cannot other. If the date inserted in this block down not most the	t be prior to date of ti	ing or more than 90 d	ays after filing.) P	ursuant to	5 605.020
ote: If the date inserted in this block does not meet the ocument's effective date on the Department of State's in		ary ming requireme	ms, this date wi	n not be	insted a
record specifies a delayed effective date, i	but not an effe	ctive time, at 1:	2:01 a.m. on	the e	arlier d
The 90th day after the record is filed.			_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3,,,,,,,
nted August 24th 11	718				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00