117000228747

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COVER LETTER

	Division of Corp	porations					
SIIRI		lag Home Inspection LLC					
SUBJECT: Name of Limited Liability Company							
The c	enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Pleas	e return all correspon	ndence concerning this matter	to the following:				
		Hector Hernandez					
			Name of Person				
		American Flag Home Inspe	ection				
Firm/Company							
		611 N Mills Ave #536984					
			Address				
		Orlando, Fla 32853					
			City/State and Zip Code				
		easternstateshomeinspection					
		E-mail address: (to be used for future annual report notifi	cation)			
For f	urther information o	oncerning this matter, please ca	all:				
Hect	or Hernandez		407 476 - 1896 at ()				
	Name of	f Person	Area Code Daytime	Telephone Number			
Enclo	osed is a check for th	e following amount:					
a \$	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)			

MAILING ADDRESS: 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

American Flag Home Inspection L					
(Name of the Lim	ited Liability Compa (A Florida Limited)	iny as it now appears on our r Liability Company)	ecords,)		
The Articles of Organization for this Limited I Florida document number L17000228747	iability Company	were filed on 11/06/2017	aı	nd assigned	I
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited liab	ility company here:			
Eastern States Home Inspections LLC					
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviati	ion "L.L.C."	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		3030 N. Rocky Point Dr.			
		Stc 150A			
		Tampa Fla 33607			
			<u>></u> *	∴ 5	
Enter new mailing address, if applicable:		611 N Mills Ave #536984	4	: ∴ 8	- n
(Mailing address MAY BE A POST OFFICE	BOX)	Orlando, Fla 32853	1.* 	· · · · · · · · · · · · · · · · · · ·	=
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B. If amending the registered agent and registered agent and/or the new registered of	l/or registered o office address her	ffice address on our re <u>e</u> :	cords, enter the	ame of th	e new
Name of New Registered Agent:	Registered Age	ents inc			
New Registered Office Address: 3030 N. Roc		Point Dr.			
		Enter Florida street d	address		·
	Tampa		_, Florida <u>33607</u>		
		City		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	<u>Name</u>	Address	Type of Action
MGR	Sariefel Hernandez	3030 N. Rocky Point Drive Suite 1:	≅ Add
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			Change
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fan offective date is lis Note: If the date ins	ther than the date sted, the date must be sp serted in this block do e date on the Departr	of filing: ecific and cannot bes not meet the	e applicable st	atutory filing rec	(option han 90 days after fi quirements, this o	ling.) Pursuant to t	505.0207 isted as t
ie record specifi The 90th day a	es a delayed effe after the record i	ective date, l s filed.	but not an e	effective time	e, at 12:01 a.	m. on the ea	rlier of:
Dated	11/10/	H. I	29017.				
· · · · · · · · · · · · · · · · · · ·	Death				<u></u>	************	
	Signa	ture of a member	or authorized n	presentative of a	member		

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Filing Fee: \$25.00