L17000331066

(Requestor's Name)				
(Address)				
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(Address)				
(City/State/Zip/Phone #)				
(,,				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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SECRETARY OF STATES

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COVER LETTER

Division of Corporations			
SUBJECT:	Level One 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:		
	Alan Lee Herrington		
	Name of Person		
	Level One Home Inspections, LLC		
	Firm/Company		
	1201 43rd St.		
	Address		
	Orlando, Fl. 32839		
	City/State and Zip Code		
	goodchili@chilidaddy.com		
	E-mail address: (to be used for future annual report notification)		
For further in	formation concerning this matter, please call:		
Alan Heming	gton 407 340-6488		
Name of Person Area Code Daytime Telephone Number			
Enclosed is a	check for the following amount:		
■ \$25.00 Fi			

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

Level One Home Inspections, LLC	
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number L17000231066	pany were filed on 11/8/2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
Inspector 407 LLC	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRES	S)
	·
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	至
	ma p O
	ed office address on our records, enter the name of the nev
registered agent and/or the new registered office address	inere:
No. CNI D. C. LA	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
-	, Florida
	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

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			
			☐ Remove
			Change
			Add
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ffective date, if other than the date of filing:	(optional) ∞
I an effective date is listed, the date must be specific and cannot be prior to date on Note: If the date inserted in this block does not meet the applicable state locument's effective date on the Department of State's records.	of filing or more than 90 days after filing.) Pursuant to 605,020
e record specifies a delayed effective date, but not an el	ffective time, at 12:01 a.m. on the earlier o
The 90th day after the record is filed.	
2/4/-	
Dated $\frac{3/8}{1}$	
Dated 3/8/17	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00