## L17000244619

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## **COVER LETTER**

PROVISIO!	NINSPECTION SERVICES, I	LC.				
SUBJECT:	Name of Lim	ited Liability Company				
Ph laned Amirles of	6 d d C. (-) l.	unional Con Clina				
the enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.				
Please return all correspo	ndence concerning this matter	to the following:				
	GUILLERMO VARGAS					
	Name of Person					
	PROVISION INSPECTION	N SERVICES, LLC.				
Firm/Company						
	3013 FORT CAROLINE CT					
	Address					
	ST. AUGUSTINE, FL 3209	92				
	info@ppsinspection.com	City/State and Zip Code				
	E-mail address: (	to be used for future annual report notifi	ication)			
For further information co	oncerning this matter, please ca	ıll:				
GUILLERMO VARGAS		904 534-6284				
Name of Person		at () Area Code Daytime	Telephone Number			
Enclosed is a check for th	e following amount:					
■ \$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

**Division of Corporations** 

TO:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PROVISION INSPECTION SERVICE	ES, LLC.	프 프 프
(Name of the Limite	d Liability Company as it now appears on our A Florida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Lia Florida document number	ibility Company were filed on	r records.)  29  and assigned
This amendment is submitted to amend the follo	wing:	•
A. If amending name, enter the new name of	the limited liability company here:	
PROVISION HOME INSPECTIONS, LLC.		
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation	on "LLC" or the abbreviation "L,L,C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE E	<u></u>	
B. If amending the registered agent and/or re agent and/or the new registered office address	G/	, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	ri 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 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
			□Remove
			□Change
			□ Add
			□Remove
			Change
			□ Remove
			□Change
			□ Add
			□Remove
			□Change
			□ Add
			□ Remove
			□Change
			□Add
			□Remove
			□ Change