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(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
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SUBJECT:				
SUBJECT.			ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Tyler M. Sharpe		
			Name of Person	
		Sharpe Inspections, LLC		
			Firm/Company	
		8417 San Marcos Ave		
			Address	
	Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing. se return all correspondence concerning this matter to the following: Tyler M. Sharpe Name of Person Sharpe Inspections, LLC Firm/Company 8417 San Marcos Ave Address Fort Myers, FL 33919 City/State and Zip Code tylersharpe@sharpeinspections.com E-mail address: (to be used for future annual report notification) Further information concerning this matter, please call: or M. Sharpe Name of Person Name of Person Area Code Daytime Telephone Number S25.00 Filing Fee Certificate of Status Certified Copy Certificate of Status Certificate Copy (additional copy is enclosed)			
		tularihara Wahara ainan yati	•	
				fication)
For further in	nformation c	oncerning this matter, please ca	all:	
Tyler M. Sh	агре			
	Name o	f Person		e Telephone Number
Enclosed is a	a check for th	ne following amount:		
■ \$25,00 F	Filing Fee		Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

Sharpe Inspections, LLC		
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company florida document number 1.17000250454	were filed on December 7, 2017	and assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	tity Company," the designation "LLC" or th	e abbreviation "L.L.C."
nter new principal offices address, if applicable:		17 A
Principal office address MUST BE A STREET ADDRESS)		05 <u>> 1</u>
		=
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u>—————————————————————————————————————</u>
3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address her		er the name of the n
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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AP	Alyssa Katherine Sharpe	8417 San Marcos Ave	Add
		Fort Myers, FL 33919	Remove
			☐ Change
			□ Remove
			Change
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Effect	ve date, if other than the date of filing: (optional)	
f an ef Note:	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list ent's effective date on the Department of State's records.	5.0207 ed as t
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlies 90th day after the record is filed.	er of
Dated	DECEMBER 8TH 2017	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00