## 117000253241

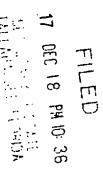
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## **COVER LETTER**

TO:	Registration Sc -Division of Cor			. <u>.</u>
SUBJE		& Service, LLC	شو	
301331	<u></u>	Name of Lim	nted Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Luis Espinoza		
			Name of Person	
		Inspection & Service .LLC		
			Firm Company	
		8671 nw 21st et		
			Address	<del></del>
		sunrise ti 33322		
		luisgew@hotmail.com	City/State and Zip Code	
		= '	to be used for future annual report notif	fication)
For Iur	ther information c	oncerning this matter, please ca	all:	
luis Es	pinoza		954 261-2674 at ()	
	Name o	f Person	Area Code Daytime	: Telephone Number
Enclose	ed is a check for th	ne following amount:		
<b>■</b> \$23	5,00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tanditional copy is enclosed)	☐ \$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, F1, 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INSPECTIONS & SERVICE, LLC.

( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records ability Company)	<u></u> )
The Articles of Organization for this Limited Liability Company v Florida document number L17000253241	were filed on Dec 11,2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
Inspections & Services ,LLC		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<b>是</b> 用 五
(Principal office address MUST BE A STREET ADDRESS)	-	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		F 0 36
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	s ESPINOZA	
	Enter Florida street address	
	El.	mid.,

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.

City

LOIS ESPINOZA

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:

or removed from our records.	
MGR = Manager	
AMBR = Authorized Member	

<u>Title</u>	Name	Address	Type of Action
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			☐ Remove
			☐ Change
			□ Remove
			Change
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ocument's effective date on the Department of State's records.	
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The 90th day after the record is filed.	
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( t)	representative of a member

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Typed or printed name of signee

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