# L17600257033

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT:	CO. HOME INSPECTIONS, L.		
-	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
•	GREGORY S. OROPEZA	ESQ.	
		Name of Person	<del></del>
O. T. (	OROPEZA, STONES & C	CARDENAS, PLLC	
	<del></del>	Firm/Company	
	221 SIMONTON STREET	Γ	
<del></del>		Address	
	KEY WEST, FL 33040		
		City/State and Zip Code	
	mdburgejur@gmail.com		
•		to be used for future annual report notific	cation)
For further information	concerning this matter, please c	all:	
Gae Ganister		305 294-0252 at ( )	
Name	of Person		Telephone Number
Enclosed is a check for	the 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 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

DUCK & CO. HOME INSPECTION	*		
(Name of the Limi	ited Liability Con (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	
he Articles of Organization for this Limited L lorida document number LO17000257033	Liability Compa	ny were filed on 12/18/2017	and assigned
his amendment is submitted to amend the following	lowing:		
. If amending name, enter the new name o	of the limited li	ability company here:	
I/A			
he new name must be distinguishable and contain the	words "Limited Lia	ability Company," the designation "LLC" or t	the abbreviation "L.L.C."
nter new principal offices address, if applic	cable:	N/A	
Principal office address MUST BE A STREI	ET ADDRESS)		****
nter new mailing address, if applicable:		N/A	
Mailing address MAY BE A POST OFFICE	BOX)		
onda e			
. If amending the registered agent and egistered agent and/or the new registered of New Registered Agent:			nter the name of the
			Mo
New Registered Office Address:	····	Enter Florida street address	
•			D 12: 5
		, Florid	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
AMBR,	MICHAEL BURGE	5669 5TH AVENUE	Add
		KEY WEST, FL 33040	□ Remove
			☐ Change
MGR	THOMAS WILLIARD .	3900 SNOWDOUN CHAMBERS I	
MRR		MONTGOMERY, AL 36116	□ Remove
"VIKKU		<del> </del>	■ Change
2.2.3.264%.			Add
			□ Remove
			Change
			Add
			Remove
MRW			Change
· · · · · · · · · · · · · · · · · · ·		Add	
		Remove	
		□ Change	
		Add	
			□ Remove
. 488			Change

. If amending any other info	ormation, enter change(s) here: (Attach addition	nal sheets, if necessary.)
•		
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Note: If the date inserted in the	n the date of filing:  te must be specific and cannot be prior to date of filing or more his block does not meet the applicable statutory filing the Department of State's records.	(optional) re than 90 days after filing.) Pursuant to 605.0207 (3) requirements, this date will not be listed as the
the record specifies a del  The 90th day after the	ayed effective date, but not an effective tire record is filed.	me, at 12:01 a.m. on the earlier of:
Dated MAY 3,	2018	
,	<b>~</b> ,	
<del></del> -	Signature of a member or authorized representative o	of a member
,	Carrie Omaria Miller	1 Mar. CMal
45744 -	Typed or printed name of signee	a rep. of Mense

Page 3 of 3

Filing Fee: \$25.00