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Certified Copies	Certificates	of Status
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Special Instructions to f	Filing Officer:	
		

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AUG 14 2020 5:30 S. YOUNG

COVER LETTER

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Registration Section

TO:

Div	ision of Cor	porations		
OUR IE CE	CLEAR CH	HOICE HOME INSPECTION	SERVICES, LLC	
SUBJECT:		Name of Lin	aited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Alnisha Snider Liranzo		
			Name of Person	
		Clear Choice Home Inspec	ction Service	
			Firm/Company	
		15180 Moultrie Pointe Ro	ad	
			Address	
		Orlando FL 32828		
			City/State and Zip Code	
		Alnisha@clearchis.com		
		E-mail address: (to be used for future annual report no	tification)
For further in	iformation o	oncerning this matter, please c	all:	
Alnisha Snid	ler Liranzo		407 900-8336	
_	Name of	f Person		me Telephone Number
Enclosed is a	check for th	e following amount:		
≡ \$25.00 F	iling 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)
	ling Address		Street Address:	action
-	-	orporations	Registration Se Division of Co	
	Box 632		The Centre of	•
Tal	lahassee, F	FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liab (A Flori	ility Company as it now appears on our ida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Florida document number L18000014334 This amendment is submitted to amend the following:		and assigned
A. If amending name, enter the new name of the li	mited liability company here:	3. 30
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	 	
B. If amending the registered agent and/or register agent and/or the new registered office address here		enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	t 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
MGR	Owen Thompson	15180 Moultrie Point Road, Orlando FL 32828	= Add
			□ Remove
		 	Change
			DAdd
			□ Remove
			□ Change
			DAdd
			□Remove
			□Change
			□Add
			□Remove
			□Change
			[]Add
			□Remove
			□Add
			□ Remove
			□Change

Effective date, if other than the date of filing: [I an effective 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 605.0207. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the rid is filed.	if an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A
Effective date, if other than the date of filing: [
Effective date, if other than the date of filing: [
Effective date, if other than the date of filing: [
Effective date, if other than the date of filing: [
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Filing Fee: \$25.00