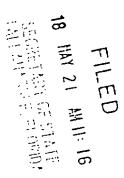
# 118000099468

| (Req                                   | uestor's Name)   |               |
|--|------------------|---------------|
| (Add                                   | ress)            |               |
| —————————————————————————————————————— | ress)            |               |
| (City                                  | /State/Zip/Phon  | e #)          |
| <b>, ,</b>                             |                  | - ·· <b>,</b> |
| PICK-UP                                | ☐ WAIT           | MAIL          |
| (Bus                                   | iness Entity Nar | me)           |
|  |                  |               |
| (Doc                                   | ument Number)    | <u> </u>      |
| (500)                                  | ament Namber)    | ı             |
| Certified Copies                       | Certificates     | s of Status   |
| Special Instructions to F              | iling Officer:   |               |
|  |                  |               |
|  |                  |               |
|  |                  |               |
|  |                  |               |
|  |                  |               |
|  |                  |               |
| <u> </u>                               |                  |               |

Office Use Only



700313618797



05/21/18--010U6--018 \*\*25.00

K SALY MAY 23 2018

## **COVER LETTER**

| TO: Registration Sec<br>Division of Cor |   |   |  |
|---|---|---|--|
| SUBJECT:                                | Trande Home<br>Name of Lim                      | In SpectionS<br>ited Liability Company                              |  |
| The enclosed Articles of A              | Amendment and fee(s) are sub-                   | mitted for filing.  |  |
| Please return all correspon             | ndence concerning this matter                   | to the following:   |  |
|   | Brandon & T                                     | Brooke Dilmore Name of Person                                       |  |
|   | Crand   | te Home Inspet  | itions   |
|   | _ 26 mas  | Address   |  |
|   | Placida   | City/State and Zip Code   | <del></del>  |
|   | KBRINSPe<br>E-mail address: (i                  | CHIONS CONCIL COR   | (cation)   |
| For further information co              | oncerning this matter, please ca                | all:  |  |
| Bandon<br>Name of                       | Person  | at (AU) 681<br>Area Code Daytime                                    | Telephone Number   |
| Enclosed is a check for th              | e following amount:                             |   |  |
| \$25.00 Filing Fee                      | □ \$30.00 Filing Fee &<br>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

|    | FILED         |    |
|----|---------------|----|
| 18 | MAY 21 AM II: |    |
|    | 64            | 16 |

Zip Code

| Grande Home Inine   | Chans Store   |
|---|---|
| (Name of the Limited Liability Compar<br>(A Florida Limited L   | ny as it now appears on our records.) iability Company)             |
| The Articles of Organization for this Limited Liability Company Florida document numberL\8000090448                     | were filed on 4 19 2018 and assigned                                |
| This amendment is submitted to amend the following:   |   |
| A. If amending name, enter the new name of the limited liabi  | lity company here:  |
| The new name must be distinguishable and contain the words "Limited Liabili   | S LLC   |
| The new name must be distinguishable and contain the words "Limited Liabili   | ity Company," the designation "L.L.C." or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:   | Same address  |
| (Principal office address MUST BE A STREET ADDRESS)   |   |
|   |   |
| Enter new mailing address, if applicable:   |   |
| (Mailing address MAY BE A POST OFFICE BOX)  |   |
|   |   |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here |   |
| Name of New Registered Agent:   | 14.   |
| New Registered Office Address:  |   |
|   | Enter Florida street address  |
|   | . Florida   |

#### 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: 18 MAY 21 AH 11: 16 MGR = Manager AMBR = Authorized Member Type of Action <u>Title</u> Name □ Add \_□ Remove \_D Change \_□ Add \_□ Remove \_□ Change \_D Add ☐ Remove \_□ Change □ Add □ Remove ☐ Change \_D Add □ Remove ☐ Change \_□ Ađd

☐ Change

|  | SEGMENT OF O   |
|--|--|
|  | 18 HAY   |
|  | SERVE AM III   |
|  | TATE STATE STATE   |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  | <del></del>  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  | ( N  |
| ective date, if other than the date of filing: reflective date is listed, the date must be specific and cate: If the date inserted in this block does not me ument's effective date on the Department of Sta | annot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 et the applicable statutory filing requirements, this date will not be listed a |
| record specifies a delayed effective da<br>he 90th day after the record is filed.  | ite, but not an effective time, at 12:01 a.m. on the earlier of  |
| ed 5-18.   | <u> 18</u>   |
|  |  |
| Agnature at a me   | ember or authorized representative of a member   |
| <b>t</b> 1   |  |

Page 3 of 3

Filing Fee: \$25.00