

LIB 000 105308

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

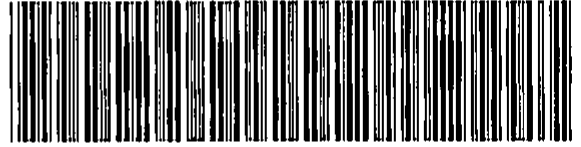
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/11/19--01010--022 **25.00

19 JUN 11 PM 1:20

SECRETARY OF STATE
DIVISION OF CORPORATIONS

LLC
NC
AmND.
DC

06-22-19

To: IRS

RE: Name Change of LLC

To whom it may concern, the following company **PRESALE CHECK, LLC** articles filed on April 26th 2018
L180000105308

is requesting a name change to:

United Building Inspectors LLC

Please make the change for this company. The taxes have not been filed yet for 2018.

Person(s) authorized to manage PRESALE CHECK LLC are:

Shawn P McNeil
20423 Nettleton Street
Orlando, FL 32833

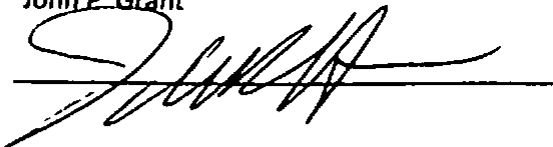
John P Grant
333 Forest Road
Mt. Dora, FL 32757

Thank you,

Shawn P. McNeil

A handwritten signature in black ink, appearing to read 'Shawn P. McNeil', written over a horizontal line.

John P. Grant

A handwritten signature in black ink, appearing to read 'John P. Grant', written over a horizontal line.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Presale Check LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John P. GRANT
Name of Person
Pre Sale Check LLC
Firm/Company
333 FOREST RD
Address
MT. DORA FL 32757
City/State and Zip Code
JG66@Comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John GRANT at (352) 551-8663
Name of Person Area Code Daytime 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

PRESALE Check LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

DIVISION OF CL
19 JUN 11 PM 1:20

The Articles of Organization for this Limited Liability Company were filed on April 26, 2018 and assigned
Florida document number L18000105308

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

United Building Inspectors LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

333 FOREST ROAD

MT. DORA FL 32757

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

333 FOREST ROAD

MT. DORA FL 32757

B. If amending the registered agent and/or registered office address on our records, enter the name of the ne
registered agent and/or the new registered office address here:

Name of New Registered Agent:

John P. Grant

New Registered Office Address:

333 FOREST ROAD

Enter Florida street address

MT. DORA

City

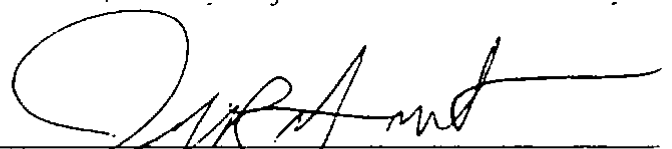
Florida

32757

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>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

6/6/19

Signature of a member or authorized representative of a member

John P. Grant

Typed or printed name of signee