## 118000229390

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## **COVER LETTER**

TO:	Registration Se Division of Cor					
OF US BY		me Inspections LLC				
SORTE	Name of Limited Liability Company					
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn all correspo	ndence concerning this matter	to the following:			
		Tyler Varney				
		<del></del>	Name of Person			
		Spartan Home Inspections	LLC			
			Firm/Company			
		9 Hemlock Loop Pass				
			Address			
		Ocala, FL 34472				
		spartaninspections 18@gma	City/State and Zip Code			
		E-mail address: (	to be used for future annual report notifi	cation)		
For furtl	her information c	oncerning this matter, please ca	all:			
Tyler V	arney		352 470 3257			
	Name o	f Person	at () Area Code Daytime	Telephone Number		
Enclose	d is a check for th	ne 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)		

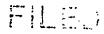
MAILING ADDRESS:

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

Spartan Home Inspection LLC



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

(A Florida Limited Liability Company)

20 is UEL 26 The Articles of Organization for this Limited Liability Company were filed on September 27.2018 .... in and assigned Florida document number L18000229390 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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

If Changing Registered Agent, Signature of New Registered Agent

tf amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being ac or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Tyler Varney	9 Hemlock Loop Pass Ocala, FL 34472	■ Add
			☐ Remove
			☐ Change
			☐ Remove
			☐ Change
			Add
		<del> </del>	Remove
			☐ Change
			□ Remove
			Change
	· · · · · · · · · · · · · · · · · · ·	<del></del>	
			☐ Remove
			Change
			Add
		<del></del>	□ Remove
			u Change

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
-	
ectiv	e date, if other than the date of filing: (optional)
n effec	tive 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 605.02 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
	it's effective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
ne s	Oth day after the record is filed.
ead.	
ieu _	· · · · · · · · · · · · · · · · · · ·
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	T Y L ET VATAEY  Typed or printed name of signee
	1 71 E 1 VIXIII A

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Filing Fee: \$25.00