## L18 000246786

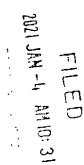
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
`
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





900357056739

01/04/21--01006--007 \*\*25.00



2/8/21

## . COVER LETTER

TO:

Registration Section

Divisio	on of Cor	porations		
В	uyer's Gui	de Home Inspection, LLC		
SUBJECT: _		Name of Lim	ited Liability Company	
The enclosed A	articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return al	l correspo	ndence concerning this matter	to the following:	
		Jonathan Brown		
<del></del>			Name of Person	
		Buyer's Guide Home Inspe	etion, LLC	
			Firm/Company	<del></del>
		2712 Lenna Ave		
			Address	<del></del>
	Name of Person			
			·	<del>~~~</del>
			~ -	tification)
further info	ormation c			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Name o	f Person	at () Area Code Daytir	ne Telephone Number
ed is a cl	heck for th	ne following amount:		
5.00 Fili	ng Fee		Certified Copy	Certificate of Status &
egistration Section		Registration Se		
•				
Ha	hassee, I	FL 32314	2415 N. Monro	pe Street, Suite 810

Tallahassee, FL 32303

## \* ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

pany as it now appears or d Liability Company) ny were filed on 10/22/ ability company here:	2018 and assigned
	2018 and assigned
ability company here:	
ability company here:	
bility Company," the desig	nation "LLC" or the abbreviation "L.L.C."
N/A	
	22
	321
	27
N/A	<u>,                                    </u>
	. 5
e address on our reco	ords, enter the name of the new registere
Enter Florida	street address
	Florida
City	Florida Zip Code
te performance of my s provided for in Cha	pacity. I further agree to comply with the duties, and I am familiar with and upter 605, F.S. Or, if this document is confirm that the limited liability
	N/A  N/A  Enter Florida  City  at: gree to act in this cap te performance of my s provided for in Cha

If Changing Registered Agent, Signature of New Registered Agent

rerson(s) authorized to manage, enter the title, name, and address of each person being added accommond from our records:

MGR = Manager

**AMBR** = **Authorized Member** 

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Jonathan Brown	2712 Lenna Ave, Seffner, FL 33584	□ Add
			□Remove
			<b>⊞</b> Change
AMBR	Carry Brown	2712 Lenna Ave, Seffner, FL 33584	□Add
			□Remove
GR ——	Jonathan Brown	2712 Lenna Ave, Seffner, FL 33584	2021 JAN F   GRemove  AH   GRemove
	Carry Brown	2712 Lenna Ave, Seffner, FL 33584	ين ⊒Add
			□Remove
			□Change
			□Add
			Remove
			□Change
	·		□Add
			Remove
			□Change

Change title of Jonathan Brown and Carry Brown from AMBR to M	IGR	
		<del></del>
		_
		_
		_
		_
	2	_
	202	_
	JAN	
	· · · · · · · · · · · · · · · · · · ·	<u> </u>
	· <u>-</u>	1
	)234 []24	المنا
		·
		_
		_
ective date, if other than the date of filing:	(optional)	
effective date is listed, the date must be specific and cannot be prior to date of fi e: If the date inserted in this block does not meet the applicable statute	ory filing requirements, this date will not be l	isted
ument's effective date on the Department of State's records.		
ord specifies a delayed effective date, but not an effective time, at 12:0	) La.m. on the earlier of: (b) The 90th day a	fier tl
filed.		
1 Day 1 71 2010		
d December 26, 2020.  Signature of a member or authorized representations.		
1 R		
Signature of a member or authorized repre-	sentative of a member	
V Signature of a memori of authorized repre-	CONTRACTOR OF MICHIGANIA	

Typed or printed name of signee