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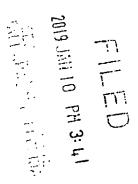
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(Address)		
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(City/State/Zip/Phone #)		
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JAN 1 6 2019 I ALBRITTON

COVER LETTER

TO:	Registration Se Division of Cor								
Arcwell Inspections, LLC SUBJECT:									
Name of Limited Liability Company									
The en	iclosed Articles of	Amendment and fee(s) are sub	mitted for filing.						
Please	return all correspo	ndence concerning this matter	to the following:						
		Mario Arcicovich							
			Name of Person	,					
		Arcwell Inspections, LLC							
			Firm/Company	<u> </u>					
1217 Oakhill St									
		¥ 	Address						
		Seffner, FL							
		arcwellinspections@gmail.e	City/State and Zip Code						
		E-mail address: (to be used for future annual report notifi	cation)					
For fu	rther information co	oncerning this matter, please co	all:						
Mario	Arcicovich		8.13: 760-63.93: at ()						
-	Name of	f Person	Area Code Daytime	Telephone Number					
Enclos	sed is a check for th	ne following.amount:							
□ \$2	5.00 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

any as it now appears on o Lizbility Company)	ur records.)
were filed on 11/19/20	and assigned
pility company here:	
ility Company," the designa	tion. "LLC" on the abbreviation, "L.L.C."
1217 Oakhill St	
Seffner, FL 33584	
	
	5 5
	2
office address on our re:	records, enter the name of the ne
_	
Exter Florida str	
City	, Florida Zip Code
	dity company here: they Company," the designated 1217 Oakhill St. Seffner, FL 33584

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>	Address	Type of Action
MGR	Mario J Arcicovich	1217 Oakhill St, Seffner FL 33584	
			□ Remove
			☐ Change
MGR	Mary L Arcicovich	333 N Falkenburg RD STE B220 Tampa, FL 33619	Add
			■ Remove
			Change
			D' Add
			Remove
			☐ Change
			Add
			Remove
			Change
			Add
			□-Remove
			Change
			□ Add
			□ Remove
			Change

D. If amending any other i	nformation, enter change(s) here: (Attach additional sheets, if necessary.)	
,		
<u> </u>		
		_
·		
		_ _
·		
C CC Jan. 16 ad	han the data of Clinary	
E. Effective date, if other t	han the date of filing: (optional) e date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to	605.0207 (3)(b)
Note: If the date inserted	in this block does not meet the applicable statutory filing requirements, this date will not be I	
document's effective date	on the Department of State's records.	
	delayed effective date, but not an effective time, at 12:01 a.m. on the ea	rlier of:
(b) The 90th day after	the record is filed.	
Dated	2019	
1		
M. (1 Chart	
	Signature of a member or authorized representative of a member	-
Mario J Arcico	wich.	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00