

L18000284318

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

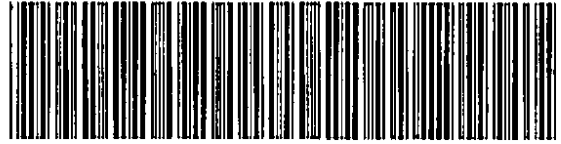
(Business Entity Name)

(Document Number)

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Office Use Only



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22 SEP - 7 AM 10:40
DIVISION OF CORPORATE AFFAIRS
STATE OF NEW YORK

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Edward A. Borysiewicz Certified Inspection Services, 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:

Anthony J. Barrows

Name of Person

Wright Barrows PLLC

Firm/Company

9711 Overseas Highway

Address

Marathon, FL 33050

City/State and Zip Code

sue@keysclosings.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susan M. Lovley

305

743-8118

at (_____) _____

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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RECEIVED
DIVISION OF CORPORATIONS

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Edward A. Borysiewicz Certified Inspection Services, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 12/11/2018 and assigned
Florida document number L18000284318.

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)

1280 Oceanview Ave.

Marathon, FL 33050

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5409 Overseas Highway 2258

Marathon, FL 33050

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OFFICE OF CORPORATIONS

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:

Robert Palma

New Registered Office Address:

1280 Oceanview Ave.

Enter Florida street address

Marathon

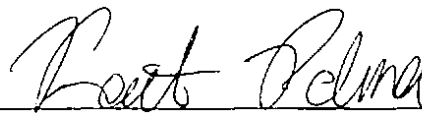
City

Florida 33050

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>
MGR	Edward A. Borysiewicz	771 12th Street	<input type="checkbox"/> Add
		Key Colony Beach, FL 33051	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Gail Borysiewicz	771 12th Street	<input type="checkbox"/> Add
		Key Colony Beach, FL 33051	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Robert Palma	5409 Overseas Highway 2258	<input checked="" type="checkbox"/> Add
		Marathon, FL 33050	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Adrian Palma	5409 Overseas Highway 2258	<input checked="" type="checkbox"/> Add
		Marathon, FL 33050	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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[illegible]

(If an effective 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 605.0207 (3)(b)

Dated September 1, 2022

Signature of a member or authorized representative of a member

Robert Palma

Typed or printed name of signee

Filing Fee: \$25.00