

	(Requestor's Nam	e)
	(340-1-0.01.01)	,
	(Address)	<u>.</u>
	(Address)	
	(City/State/Zip/Pho	one #)
PICK-UF	P WAIT	☐ MAIL
	(Business Entity N	ame)
	(Document Numbe	er)
ertified Copies	Certifica	tes of Status
Special Instructions	to Filing Officer:	

Office Use Only





COVER LETTER

TO:

P.O. Box 6327

Tallahassee, FL 32314

FO: Registration 5 Division of Co			
HOMEOI SUBJECT:	OGY PROPERTY INSPECTION	ON, LLC	
SUBJECT;	Name of Lin	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	emitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	BRET CARUSO		
		Name of Person	
		Firm/Company	
	5440 SUNSEEKER BLVI		<u></u>
		Address	
	GREENACRES, FL 3346	3	
		City/State and Zip Code	
	SOLARBRETS@GMAJL.		
		to be used for future annual report not	ification)
For further information	concerning this matter, please c	all:	
BRET CARUSO		941 447-0525 at ()	
Name	of Person		ne 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 Addre Registration	Section	Street Address: Registration Sc	
Division of (Corporations	Division of Cor	rporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HOMEOLOGY PROPERTY INSP			
(Name of the Limi	ted Liability Compa	ny as it now appears on o Liability Company)	ur records.)
	(A I long Emiles)	olatinity company)	2023
The Articles of Organization for this Limited L	iability Company	were filed on 01/01/20	19 and assigned his of
Florida document number L19000001568	, ,		• :
Florida document number	''		
This amendment is submitted to amend the foll	lowing:		-4+ <i>p</i> (
A. If amending name, enter the new name o	of the limited liab	ility company here:	
The new name must be distinguishable and contain the v	words "Limited Liabi	lity Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	5440 SUNSEEKER E	L.VD
(Principal office address MUST BE A STREE		GREENACRES, FL	33463
Enter new mailing address, if applicable:		5440 SUNSEEKER E	BLVD
(Mailing address MAY BE A POST OFFICE BOX)		GREENACRES, FL	33463
B. If amending the registered agent and/or agent and/or the new registered office addressed agent. Name of New Registered Agent:			ls, enter the name of the new registered
	5440 SUNSEE	KER BLVD	
New Registered Office Address:		Enter Florida str	reet address
	GREENACRE	S	, Florida ³³⁴⁶³
		City	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>	Address	Type of Action
AMBR	BRET CARUSO	5440 SUNSEEKER BLVD	
		GREENACRES, FL 33463	□Remove
			Change
AMBR	JAMES AMEND	1864 LINDSEY COURT	
		WELLINGTON, FL 33414	■Remove
			Change
			□Add
			□Remove
			Change
			🗖 🗘 dd
			□Remove
			☐ Change
			□Add
		100	Remove
			□Change
			□Add
			□Remove
			Change

	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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an effe ote:	ve date, if other than the date of filing:
record is file	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated ₋	10-8-2014
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Bret Caruso Typed or printed name of signee

Filing Fee: \$25.00