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(R	equestor's Name)
(A	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(B	usiness Entity Name)
(C	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:

Office Use Only

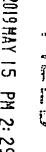


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COVER LETTER

TO:

Registration Section

Division of Corporations	
SUBJECT: Bluebird Home Inspendent	ability Company
The enclosed Articles of Amendment and fee(s) are submitted	l for filing.
Please return all correspondence concerning this matter to the	following:
Julia S.S.	Chmutzler Name of Person
Bluebird Hor	ne Inspections, LLC Firm/Company
213 Blue (reek way
5t. August	ine FL 32086 //State and Zip Code
bluebirdhomeir E-mail address: (to be	sed for future annual report notification)
For further information concerning this matter, please call:	
Tulia Schmutzler Name of Person	at (843) 259-6232 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
_ \$25.00 Filing Fee	\$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

Name of the Limited Liability Co	empany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp	pany were filed on 4130 2019 and assigned
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 I	Liability Company," the designation "LLC" or the abbreviationL.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS	5
	70 55
	The second secon
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address Name of New Registered Agent:	d office address on our records, <u>enter the name of the new</u> <u>here</u> :
New Registered Office Address:	
	Enter Florida street address
	, Florida
No. 10 de la constanta de la c	City Zip Code
New Registered Agent's Signature, if changing Registered Ag	
provisions of all statutes relative to the proper and comp	agree to act in this capacity. I further agree to comply with the lete performance of my duties, and I am familiar with and as provided for in Chapter 605, F.S. Or, if this document is fice address, I hereby confirm that the limited liability
160	Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

MGR = M AMBR = A	1anager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>MGR</u>	Julia S. Schmutzler	213 Blue Creek Way 5t. Augustine, FL 32086	D Add
			□ Remove
			Change
			Add
			Remove
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			🗆 Add
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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

EIN	# 83-4	68797	<u> </u>		
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	other than the date of isted, the date must be specif		r to date of filing or nx	ore than 90 days after filing.)	Pursuant to 605.020
te: If the date i	nserted in this block does we date on the Departmen	not meet the appli	cable statutory filing		
cument s effecti	re date on the Departmen	it of State 3 record			
record speci	ies a delayed effecti	ve date, but n	ot an effective ti	me, at 12:01 a.m. o	on the earlier o
he 90th day	after the record is fi	led.			
$\sim \infty$. 111	2010	,		
ted 11100	1-17	$\frac{1}{2}$	<u></u>		
	Julia ?	S. Schr	nutalen	<u></u>	
	Signature	of a member or auti	orized representative	of a member	
	Julia	S Schr	utalec		
	<u> </u>	Typed or prin	ted name of signee		
		1			

Filing Fee: \$25.00