## L1900013386Z

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## - COVER LETTER

TO:	Registration Se Division of Cor			-			
	Beaux Hom	ie Designs LLC					
SUBJE	ECT:	Name of Lim	ited Liability Company	· •	-		
		Name of Lim	ned Manny Company				
		Amendment and fee(s) are sub					
Please	return all correspo	ndence concerning this matter	to the following:				
		Beau Pennington					
		• • • • • • • • • • • • • • • • • • • •	Name of Person		<del></del>		
		Beaux Home Designs LLC	2				
			Firm/Company		_	20	
		5415 Lisa Circle				21 JA	<u></u>
		<del></del>	Address		— ::::-	<del>_</del>	
		Zephyrhills, FL 33542				2021 JAN 11 PH 3: 2	
		pennington.beau@gmail.co	City/State and Zip Code om			3: 26	
		E-mail address: (	to be used for future annual report not	fication)	- 25.	_	
For fur	ther information c	oncerning this matter, please c	all:				
Beau l	ennington		813 713-1881 at ( )				
	Name o	f Person	Area Code Daytin	ne Telephone Num	ha		
Enclos	ed is a check for th	ne following amount:					
□ <b>\$</b> 2	5,00 Filing Fœ	■ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifi Certifi	Filing Fee. icate of Staticd Copy and copy is on	tus &	Jan land
	Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Fallahassee Se Street, Suite	e <b>8</b> 10		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Beaux Home Designs LLC	4		<del></del>	
(Name of the Limited Liability Co (A Florida Lin	ompany as it now appears on ou uted Liability Company)	ir records.)		
The Articles of Organization for this Limited Liability Comp Florida document number L19000133862	pany were filed on May 17,2	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:			
Pennington Home Inspections LLC				
The new name must be distinguishable and contain the words "Limited	Liability Company," the designate	on "LLC" or the abbr	eviation "L.L.C."	
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRES	<u></u>			
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		ight.	021	
Enter new mailing address, if applicable:				
		=::-		
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	9) () 5	- III	
	<del></del>	[7]S	76	
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B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records	s, <u>enter the name</u>	of the new regi:	
Name of New Registered Agent:		·		
New Registered Office Address:				
new registered Office Address.	Enter Florida street address			
		, Florida		
<del></del>	City	<del></del>	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 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>	Name	Address	Type of Action
			□ Add
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ective date, if other than the date of fill effective date is listed, the date must be specific a ic: If the date inserted in this block does no	and cannot be prior i	to date of filing or i	nore than 90 days:	utter filing.) P	ursuant to ( If not be !	605.029 listed :
nument's effective date on the Department of	f State's records.	•				
cord specifies a delayed effective date, but i	not an effective til	me at 12:01 a.m.	on the earlier of	fi(b) The S	Oth day a	ifter th
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January 7	2021					
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