## 119000303804

(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(2
(Document Number)
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## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	Ssure Proper Name of Lim	Ty Fn Spect.	ins, LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
		Name of Person	
		Name of Person	
	Assure Propert	y Fuspections, Firm/Company	LLC
	2203 Brigadoca	n DR , Address	·
	ClearWate Assure property in 1E-mail address:	er, FL 33750 City/State and Zip Code	9
	ASSure property 1.	nSocchions @Gina to be used for future annual re	eport notification)
For further information of	concerning this matter, please co		
	) Lewis of Person	at (727)	946 - 4459 Daytime Telephone Number
. Tallie C	5. T C135.11	med code	Daytime reactione realises
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certificate of Status &

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ASSure Property Insp (Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 12/13/19	and assigned
Florida document number <u>L 19000303804</u>	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<del></del>
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	iddress on our records, enter the i	name of the newsregistered
	, Florida	a
	Cuy	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I do provided for in Chapter 605, F.S.	am familiar with and Or, if this document is

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>	Type of Action
MGR	Jared Lewis	2203 Brigadocn DR	🗆 Add
		2203 Brigadocn DR Clearwater FL 33759	□Remove
			XChange
	******		□Add
			□Remove
			□ Change
			□Add
			□Remove
		<del></del>	□Change
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	2000
<u>c :</u>	ve date, if other than the date of filing:
e til	d 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
ed _	December 3 2019  Mund Junia  Signature of a member or authorized representative of a member  Tared Lewis  Typed or printed name of signee
	Annal Sewis
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00