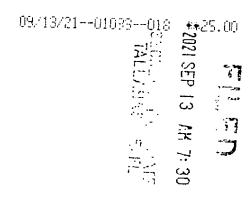
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status
(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status

Office Use Only



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## **COVER LETTER**

Div	ision of Corp	orations	•				
SUBJECT:	Assure Prope	erty Inspections					
5000001.							
The enclosed	Articles of A	mendment and fee(s) are sub	omitted for filing.				
Please return	all correspond	dence concerning this matter	to the following:				
		Jared Lewis					
			Name of Person	<del></del> -	-		
		Assure Property Inspection	ns				
		•	Firm/Company				
		7416 118th Dr					
			Address				
		Largo FL, 33773					
			City/State and Zip Code				
		assurepropertyinspections@	<del>-</del>				
For further in	formation con	E-mail address: ( cerning this matter, please c	to be used for future annual report notificall:	cation)	2021 SEH SEGLIJA	ا !	
Jared Lewis			727 9464959 at ( )		P 13	, ···	
	Name of P	erson		Telephone Number	AH 7:2	: ر	
Enclosed is a	check for the	following amount:		•	30		
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &		
<u>Mail</u>	ling Address:		Street Address:				

Registration Section
Division of Corporations

TO:

**Registration Section** 

Tallahassee, FL 32314

P.O. Box 6327

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 Inspections				
(Name of the Lin	nited Liability Company a (A Florida Limited Liabi	s it now appears on our records.) lity Company)		
he Articles of Organization for this Limited lorida document number		re filed on 12/13/2019	8	ınd assigne
his amendment is submitted to amend the fo	llowing:			
. If amending name, enter the new name	of the limited liability	company here:		
he new name must be distinguishable and contain the	words "Limited Liability C	Company," the designation "LLC" of	or the abbrevia	tion "L.L.C."
nter new principal offices address, if appl	icable:			
Principal office address MUST BE A STRE	ET ADDRESS)			
Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE  3. If amending the registered agent and/or	registered office add	ess on our records, <u>enter th</u>	e name of t	he new res
gent and/or the new registered office addr	<u>ess here</u> :			2021
Name of New Registered Agent:			<u> </u>	SEP
New Registered Office Address:	7416 118th Dr		<u> </u>	13
		Enter Florida street address	da <sup>33773</sup>	7
	Largo	, Flori	da <sup>33773</sup>	7, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,
		City	Zip	Gode

## 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>	<u>Name</u>	Address	Type of Action
MGR	Jared Lewis	7416 118th Dr, Largo FL 33773	□Add
			□Remove
			■ Change
AP	Michelle Lewis	7416 118th Dr, Largo FL 33773	□ Add
			□ Remove
		<del></del>	■Change
			□Add
			□Remove
			DE Lange
		<del>.</del>	SEP Add
			Remove
			7 30 □Change
			□Add
			□Remove
			□Change
			□Remove
			□Change

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fective date, if other than the date of file	ing:			(option	al)		
an effective date is listed, the date must be specific a ote: If the date inserted in this block does no	and cannot be pri	or to date of filin	g or more than 90	days after fil	ing.) Pursu	ant to 605	5.020
ocument's effective date on the Department o	of State's record	ls.	ming requiren	ients, uns d	ate will in	or oc iisi	cu a
record specifies a delayed effective date, but r is filed.	not an effective	time, at 12:01	a.m. on the earl	ier of: (b)	The 90th	day afte	r the
is med.							
September 6th	2021						
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September 6th	11						
Acar	1 Janis		tative of a member				