L20000075725

(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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ΓO:	Registration Se Division of Cor			Fig. 1	٠
SIID IE		nspections LLC	•		•
SUBJE	· · · · · · · · · · · · · · · · · · ·	Name of Lim	ited Liability Company	• 4	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please r	eturn all correspo	ondence concerning this matter	to the following:		
		Kenneth McLaurin			
		*	Name of Person		
		McLaurin Inspections LLC	•		
			Firm/Company		
		5350 Bridge ST APT 1204			
			Address		
		Tampa, FL 33611			
			City/State and Zip Code		
		alissamarie@mclaurininspe E-mail address: (ctions.com to be used for future annual rep	ort notification)	
or furt	her information c	oncerning this matter, please c	·	,	
Kenneti	n McLaurin		248 51930 at ()	058	
	Name o	f Person		Daytime Telephone Number	
Enclose	d is a check for th	ne following amount:			
\$ 25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	Sed) \$60.00 Filing Certificate of Certified Co (additional cop	of Status & opy
	Mailing Addres Registration S		<u>Street Addi</u> Registrati	ress: on Section	
	Division of C			of Corporations	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

McLaurin Inspections LLC	$U_{i}U_{i}U_{i}U_{i}U_{i}U_{i}U_{i}U_{i}$
(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	rs on our records.) 7: 29
The Articles of Organization for this Limited Liability Company were filed on Ma	arch 9, 2020 and assigned
Florida document number 1.20000075725	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company he	ere:
The new name must be distinguishable and contain the words "Limited Liability Company," the d	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(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 address on our ragent and/or the new registered office address here:	records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	rida street address
Emer Piol	
City	, Florida
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>	<u>Address</u>	Type of Action
MGR	Alissa-Marie McClimans	5350 Bridge ST APT 1204	■Add
		Tampa, FL 33611	□Remove
			Change
MGR	Kenneth McLaurin	5350 Bridge ST APT 1204	
		Tampa, FL 33611	
			Change
			□Add
			□ Remove
			Change
			□Remove
			□Change
		□Add	
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			□Change
			□Add
			Remove
			□ Change

Page 2 of 3

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	ier of
Signature of a member or authorized representative of a member	
- ·	
Kenneth Duncan McLaurin Typed or printed name of signee	

Page 3 of 3