

120 000191511

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

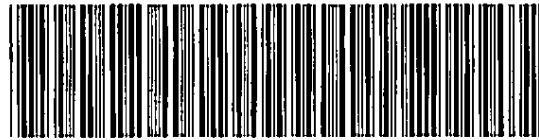
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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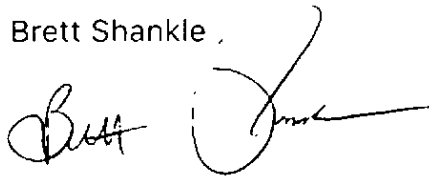
FILE  
2021 MAY 13 AM 10:40  
TALLAHASSEE, FLORIDA

191

ATTN Sunbiz

Please find two amendments here. I have two companies. I am changing the current West Florida Home Inspections LLC to Shankle Inspections. I am changing HomeSpects LLC back to West Florida Home Inspections. Thank you so much for your assistance with this.

Brett Shankle ,

A handwritten signature in black ink, appearing to read "Brett Shankle", with a stylized flourish extending from the end.

941-920-0040

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

West Florida Home Inspections

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 7/06/2020 and assigned Florida document number L20000191511.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Shankie Inspections LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the 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 records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

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 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

Title	Name	Address	Type of Action
	N/A	N/A	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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FACILITY SECURITY SYSTEMS  
FACILITY SECURITY SYSTEMS

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

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FILLMORE COUNTY

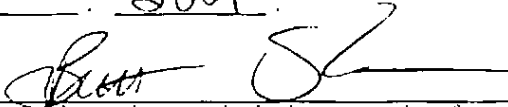
E. Effective date, if other than the date of filing: 05/10/21 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated MAY 10th 2021

  
Signature of a member or authorized representative of a member

Brett Shannick  
Typed or printed name of signee