

L20000022189

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

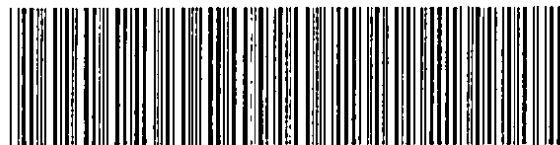
(Business Entity Name)

(Document Number)

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AUG 21 2020

2020 AUG 20 01 3:20  
2020 AUG 20 01 3:25

TO: Registration Section  
Division of Corporations

SUBJECT: Brucker Home Inspectors Florida Llc.  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ashley Hany  
Name of Person

Brucker Home Inspectors Florida Llc.  
Firm/Company

5808 NW 45th Drive Gainesville FL 32653  
Address

Gainesville FL 32653  
City/State and Zip Code

bruckerhomeinspectorsorlando@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ashley Hany at (352) 792 5631  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|--|--|

**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

(A Florida Limited Liability Company)

**If Changing Registered Agent, Signature of New Registered Agent**

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Member AMBR	Ashley Hany		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		5808 NW 45th Drive Gainesville FL 32653	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
Member AMBR	Elly Brucker		
		5808 NW 45th Drive Gainesville FL 32653.	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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

Changing Titles for Ashley Hany from AP to  
\*(Member)\*

&

Changing Title for Elly Brucker from AP to  
\*(Member)\*

E. Effective date, if other than the date of filing: August 18, 2020 (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 August 18, 2020 4:59 pm



Signature of a member or authorized representative of a member

Ashley Hany

Typed or printed name of signee