PERSONAL PROPERTY

(Re	equestor's Name)	
(Ac	ddress)	
(Ãc	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	-
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



400350686714

08/21/20--01001---001 **30.00

R. Wrani A00 21 L

TO:	Registration Section Division of Corpo				• •	-		-
SUBJE	cz: <u> </u>	ucker	Home Name of Lin	In S	Pedo pility Compa	s Flore	da LL	<u>C.</u>
The end	closed Articles of Ar	nendment and	fee(s) are sub	omitted f	or filing.			
Please	eturn all correspond	lence concerni	ng this matter	to the f	ollowing:			
			A	shlei	Hanic of Pers	<u>ry</u>		
		Bri	ucker H	ione	Insperim/Compa	ctors !	Florida	LLC.
		<u> 5808</u>	NM 4	C+P ,	Drive Address	Correct	A A A A A A A A A A A A A A A A A A A	क्षेत्र अवस्तर
		<u> </u>	ainesv	ille City/s	FL 3	82653 Code		
								1 Gmail.com
For furt	her information con	cerning this m	atter, please c	:all:				
	Ashl Name of P	ey Har	<u></u>		at (<u>352</u> Area Coo		2 56 3 ytime Telepho	
Enclose	d is a check for the	following amo	ount:					
□ \$25	i.00 Filing Fee	S30.00 Fil Certificat	ing Fee & te of Status	(55.00 Filin Certified Co additional co	_		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address: Registration See	ction				reet Address		

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

TO ARTICLES OF ORGANIZATION OF

Brucher Home Inspectors Floria	da LLC.			
(Name of the Limited Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)			
The Articles of Organization for this Limited Liability Company were filed on	27, 2020 and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability company here:				
The new name must be distinguishable and contain the words "Limited Liability Company," the design	ation "L.L.C" 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:	1\(\rightarrow\)			
(Mailing address MAY BE A POST OFFICE BOX)	;			
B. If amending the registered agent and/or registered office address on our recoragent and/or the new registered office address here:	ds, enter the name of the new registered			
Name of New Registered Agent:				
New Registered Office Address:				
Enter Florida si	Enter Florida street address			
City	, Florida 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 capa provisions of all statutes relative to the proper and complete performance of my accept the obligations of my position as registered agent as provided for in Chapbeing filed to merely reflect a change in the registered office address. I hereby company has been notified in writing of this change.	luties, and I am familiar with and ter 605, F.S. Or, if this document is			

If Changing Registered Agent, Signature of New Registered Agent

or records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
Member	Ashley Hany		🗆 Add
AMUN			□Remove
		5808 NW 45th Drive Gainesville El 32653	Change
Member 12MBR	Elly Brucher		□Add
			□Remove
		5808 NW 45th Drive Gainesvill FL 32653.	e Change
			□Add
			□Change
		<u></u>	□Add
			Remove
			□ Change
			□Add
			□ Remove
			Change
			□Add
			□Remove
			□Change

<u></u> <u>,M.</u> *	<u>(anging</u> ember)	litles	for	Ashley	, Hany	from	AP to
8	<u> </u>		for	Elly	Brucher	from	AP to
-							
ffective : If the	date is listed, the	e date must be s in this block o	pecific and d loes not me	cannot be prior t eet the applica		e than 90 days afte	c ional) er tiling.) Pursuant to 605.0 ris date will not be listed
ord spec iled.	cifies a delayed	l effective dat	e, but not a	an effective tin	ne, at 12:01 a.m. on	the earlier of: (b) The 90th day after t
i <u> </u>	tugust	18,20 Asi	20. Shyte	4:59 p	m		
		Sign	ature of a m	emiter or author	I name of signee	a member	

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