## 120000304756

(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:

Office Use Only



800382355398

02/28/22--01033--004 ++25.00

FILED

2027 FEB 28 AM 6: 28

SECREPARY OF STATE

A. BUTLER MAR 1 1 2022

## **COVER LETTER**

Div	ision of Corp	orations			
SUBJECT:	NAVEDO IN	VESTMENTS, LLC			
SUBJECT		Name of Li	nited Liability Company	<u> </u>	
The enclosed	l Articles of A	mendment and fee(s) are su	bmitted for filing.		
Please return	all correspond	dence concerning this matte	r to the following:		
		Carlos R Navedo			
			Name of Person	<del></del>	
		Space Coast Home Inspec	ctions, LLC		
			Firm/Company		<del></del>
		Po box 121372			
			Address		
		West Melbourne, FL 3291	2		
			City/State and Zip Code		<del></del>
		cnavedo788@yahoo.com			<del></del>
			to be used for future annual	report notification)	
For further in:	formation con	cerning this matter, please c	all:		
Carlos R Nav	edo		321 508	3-7130	
	Name of Pe	erson	Area Code	Daytime Telepho	one Number
Enclosed is a	check for the f	ollowing amount:			
■ \$25.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl		\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Maili</u>	ing Address:		Street Ad	dress:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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**

NAVEDO INVESTMENTS, LLC
(Name of the Limited Lial
(A Flo

2022 FEB 28 AM 6: 30

(Maine of the Est	nited Liability Compa	any as it now appears on our Liability Company)	records.)
	(A FIORIGA EIIIREG	chaothty Company)	SECRETARY OF BUILD INTE
The Articles of Organization for this Limited	Liability Company	were filed on 09/28/2020	TALLAHASSEE, FL and assigned
Florida document number 1.20000304756			
This amendment is submitted to amend the fo	ollowing:		
A. If amending name, enter the new name	of the limited liab	oility company here:	
Space Coast Home Inspections, LLC			
The new name must be distinguishable and contain the	e words "Limited Liabi	lity Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2021 Adirondack Circle	
(Principal office address MUST BE A STREET ADDRESS)		Melbourne, FL 32935	
Enter new mailing address, if applicable:		Po. Box 121372	
Mailing address MAY BE A POST OFFIC	F ROY)	West Melbourne, FL 32	912
muning understant BE ATOST OFFIC.	<u>L BOA)</u>		
B. If amending the registered agent and/o	r registered office :	address on our records,	enter the name of the new regist
agent and/or the new registered office addi	•	,	
general de la			
gen and or the new regionered office and			
Name of New Registered Agent:	Carlos R Nave	do	
Name of New Registered Agent:	Carlos R Nave		
	<del></del>		address
Name of New Registered Agent:	<del></del>	ck Circle  Enter Florida street	address Florida \frac{32935}{Zip Code}

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>	Address	Type of Action
			□Add
		<del></del>	Remove
			☐ Change
			\ \_Add
			□Remove
		<del></del>	Change
	<del></del>		
		<u> </u>	□Remove
			Change
		<u> </u>	Remove
		<del></del>	□Change
		<del></del>	□Add
			Remove
		<del></del>	□Change
			□Remove
			□Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	· · · · · · · · · · · · · · · · · ·
_	
_	
_	
_	
_	7
_	
_	
_	
_	
_	
_	
(If an effective Note:   1	re date, if other than the date of filing:
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 d.
Dated _	February 24 2022
	Signature of a member or authorized representative of a member
	Wavoo Cavlos Typed or printed name of signee
	Tund a minute and a file and

Filing Fee: \$25.00