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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

Division of Cor			
SUBJECT: AWE	ESOME INSP Name of Limi	ECTTONS ULC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Sheldon h	Name of Person	
		Firm/Company	
	2312 Wilton	n Drive Suite	10
	Wilton Man	ORS FL 33	305
		o be used for future annual report notif	sacticon
For further information co	oncerning this matter, please ca	all:	
Theldon W	Person		8301 e Telephone Number
Enclosed is a check for th	e following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Awesone Inspections (Name of the Limited Liability Compa (A Florida Limited)	LLC iny as it now appears on our records.)
(A Florida Limited)	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u> </u>	were filed on 10/09/2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	920
	1
Enter new mailing address, if applicable:	S g in
(Mailing address MAY BE A POST OFFICE BOX)	2:
maning uniters MAT BE A 1 QST OTTICE BOA	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	imer i wrad sweet address
	, FloridaZıp Code
	City Zıp 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	<u>Name</u>	Address	Type of Action
MGR	Sheldon Williams	2312 Wilton Drive Suitell	□Add
		Wilton Manors FL 33305	Remove
			AJChange
			🗆 Add
			□Remove
			□Change
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i ef	fective date is listed.	the date must be s	specific and can	not be prior to d	ate of tiling o	or more than 90	days after fili	ng.) Pursuant to 6	
	If the date insertenent's effective date				: statutory 1	iling requirem	ents, this da	ite will not be i	isted as
coi	rd specifies a delay	yed effective dat	e, but not an o	effective time,	at 12:01 a.	m. on the earl	ier of: (b)	The 90th day a	fter the
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	Novem Da	Á	hu r						
		Sign	ature of a mem	ber or authorize	d representa	tive of a membe	er	_	
		Sheldoo							
	~	Sheldon	أ الطاما ،	Dms.					

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