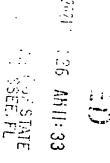
## L21000059858

	(Requesti	or's Name)	
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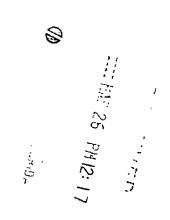
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## **COVER LETTER**

TO:

Registration Section Division of Corporations

	HSPERER HOME INSPECTION	ONS LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	CHRIS C HANZELKA		
		Name of Person	
	HOME WHISPERER HO	ME INSPECTIONS LLC	
		Firm/Company	<del> </del>
	913 TIDEWATER SHOR	ES LOOP	
		Address	
	BRADENTON, FL 34208		
		City/State and Zip Code	
	homewhispererhomeinspec	~=	
	E-mail address: (	to be used for future annual report notif	lication)
For further information c	concerning this matter, please c	all:	
CHRIS HANZELKA		813 362-8260 at ()	
Name o	d'Person	Area Code Daytimo	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 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 Division of C P.O. Box 633 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro	porations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HOME WHISPER HOME INSPECTIONS	LLC		
(Name of the Limited Liab) (A Flori	lity Company as it now appears on our records.) da Limited Liability Company)		
The Articles of Organization for this Limited Liability	Company were filed on FEBRUARY 3, 2021	and assigned	
Florida document number L21000059858	<del></del> -		
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	mited liability company here:		
HOME WHISPERER HOME INSPECTIONS LLC			
he new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or t	he abbreviation "L.1C."	
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADD	A B E C C		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
		~_>	
		 :	
B. If amending the registered agent and/or register		name of the new regis	
gent and/or the new registered office address here:		Gh.	
Name of New Registered Agent:			
New Registered Office Address:		33 FE	
	Enter Florida street address	1.1	
	, Florida	1	
<del></del>	Cin	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 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
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			Remove
			□Change
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an effective date, if other than the date of filing: _ an effective date is listed, the date must be specific and car lote: If the date inserted in this block does not mee ocument's effective date on the Department of State	not be prior to date of filing or more than 90 days after filing.) Pursi the applicable statutory filing requirements, this date will r's records.	uant to 605,0207 not be listed as t
ita (Stad	effective time, at 12:01 a.m. on the earlier of: (b) The 90th	h day after the
rated 3-22-2021  CHRIS C HANZELKA		
m 1/1	<del> </del>	
( Su Stanth		

EU E CASAC

Typed or printed name of signee