## L21000074270

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## **COVER LETTER**

TO: Registration Section

Division of Cor	porations			
NINE LIN	E INSPECTIONS LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	JUSTIN EVANS			
		Name of Person		
	NINE LINE INSPECTION	NS LLC		
		Firm Company		
	459 PALM TERRACE			
		Address		
	DELAND, FL 32724			
		City/State and Zip Code	<del></del>	
	JUSTIN.EVANS002@GM	AIL.COM to be used for future annual report not	ification)	
For further information o	oncerning this matter, please c	·	incanon)	
	oncerning ans maner, please c			
JUSTIN EVANS		386 7475611 at ()		
Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for th	ne 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		Street Address:	.atian	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 632	-	The Centre of	=	
Tallahassee. I	FL 32314	2415 N. Monro	oe Street. Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NINE LINE INSPECTIONS LLC		
(Name of the Limited Liability (A Florida Li	Company as it now appears on our records. mited Liability Company)	)
he Articles of Organization for this Limited Liability Con	npany were filed on 02/12/2021	and assigned
orida document number L21000074270		
nis amendment is submitted to amend the following:		
If amending name, enter the new name of the limited	d liability company here:	
PROPERTY INSPECTORS LLC		
e new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADDRES	SS)	
nter new mailing address, if applicable:		
failing address MAY BE A POST OFFICE BOX)		
	*	
If amending the registered agent and/or registered o	ffice address on our records, <u>enter t</u>	<u>ne name of the new regis</u>
eut and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<u></u>	<del></del>	ida
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			©Change
			□Add
		<del></del>	□Reniove
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			□Remove
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		03/24/202	·1		
Note: If the date in	serted in this block d	of filing: pecific and cannot be pri-	or to date of filing or i	(option more than 90 days after fing requirements, this	<b>nal)</b> iling.) Pursuant to 605.0207 ( date will not be listed <b>a</b> s tl
the record specifies a cord is filed.	delayed effective date	:, but not an effective	time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
Dated 24 OF MAR	СН	2021			
	. (				
	Sign	nture of a member or aut	horized representativ	a of a mambar	

Typed or printed name of signee