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COVER LETTER

Division of Corpo			
SUBJECT:	Name of Limi	ited Liability Company	
		in to our	
The enclosed Articles of Ar	mendment and fee(s) are sub-	mitted for fitting.	
Please return all correspond	lence concerning this matter	to the following:	
	Joseph Anthony		
		Name of Person	
	Suncoast Home Inspecitons	s, LLC	
		Firm/Company	
	8535 Caitlin Ct.		
		Address	
	Hudson, FL 34667		
		City/State and Zip Code	
	sucoast.home.inspections@		
	E-mail address: (to be used for future annual report notifi	cation)
For further information con	cerning this matter, please ca	all:	
Joseph Anthony		717 329-1481	
Name of F	Person	at (Area Code Daytime	Telephone Number
Enclosed is a check for the	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:	

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

Registration Section

TO:

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

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Suncoast Home Inspections, LLC		
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our reco d Liability Company)	rds.)
The Articles of Organization for this Limited Liability Compar	ny were filed on 3/08/2021	and assigned
Florida document number L21000116745		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "I.	LC" 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: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>ent</u>	er the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	ress
	City	Florida Zip Code
	J	

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 = M $AMBR = A$	lanager authorized Member	A STATE OF THE STA	
<u>Title</u>	<u>Name</u>	Address 12 PM 3: 48	Type of Action
AMBR	Joseph Anthony	8535 Caitlin Ct. Hudson, FL 34667	≣Add
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e record spec	ifies a delaye	d effective	date, but no	t an effect	ive time, a	it 12:01 a.	m. on the	earlier (of: (b)	The 90t	h day after	r the
rd is filed.												
Dated	7th			2021								
												

Filing Fee: \$25.00

Typed or printed name of signee