

L21 000 148293

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

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09/10/21--01011--000 **35.00

FILED

2021 OCT 18 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FL

OCT 12 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 OCT 18 PM 1:39

September 23, 2021

JOSE A CLARK
13024 SW 107 TERR
MIAMI, FL 33186

SUBJECT: JAC HOME INSPECTIONS LLC
Ref. Number: L21000148293

We have received your document for JAC HOME INSPECTIONS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The wrong form was received, your entity is a limited liability company and the form received was for a corporation. It appears Patricia was the registered agent and the authorized person to remove her in both positions requires an amendment if you are removing her completely and adding Jose.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Catherine M Brumbley
Regulatory Specialist II

Letter Number: 121A00023036

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JAC HOME INSPECTION, LLC.
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSE A. CLARK.
Name of Person

JAC HOME INSPECTION, LLC.
Firm/Company

13024 SW 107 Terrace
Address

MIAMI, FL 33186
City/State and Zip Code

jmacclark@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSE A. CLARK at (786) 512-0640
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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**

JAC HOME INSPECTIONS, LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 3/30/2021 and assigned Florida document number L21000148293

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

JAC Home Inspections, LLC.

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" 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)

FILED
2021 OCT 18 AM 9:27
CLERK OF STATE
TALLAHASSEE, FL

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Jose A CLARK

New Registered Office Address:

13024 SW 107 Terrace Miami, FL.

Enter Florida street address

Miami

City

Florida

Zip Code

33186

33186

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.

Jose A Clark

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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|--------------------|----------------------|--|
| AMBR | JOSE A. CLARK | 13024 SW 107 Terrace | <input checked="" type="checkbox"/> Add |
| | | Miami, FL 33186 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Patricia Dela Rosa | 13024 SW 107 Terr | <input type="checkbox"/> Add |
| | | Miami, FL 33186 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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| | | | <input type="checkbox"/> Change |

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If 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 record is filed.

Dated October 10, 2021

Signature of a member or authorized representative of a member

JOSE A. CLARK
Typed or printed name of signee