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## **COVER LETTER**

Registration Section

TO:

Division of Co	rporations		
	Y HOME INSPECTIONS LLC		
SUBJECT:	Name of Lin	nited Liability Company	<del></del> _
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	DOUGLAS J REGNAUL	т	
		Name of Person	
	MERCURY HOME INSP	ECTIONS LLC	
		Firm/Company	
2582 SW KENSINGTON STREET			
	41-71	Address	
	PORT ST LUCIE, FL 349	53	
		City/State and Zip Code	
		CTIONSLLC@GMAIL.COM	
	E-mail address: (	to be used for future annual report no	tification)
For further information of	concerning this matter, please c	all:	
DOUGLAS J REGNAULT		772 708-2757	
Name o	of Person		ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Set Division of Control The Centre of 2415 N. Monro Tallahassee, F.	orporations Tallahassee oe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liah	ility Company as it now appears on our records,) ida Limited Liability Company)	<del></del>
(A Flori	ida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 05/14/2021	and assigned
Florida document number L21000224693	_ <del></del> ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<del></del>
(Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	-	221
B. If amending the registered agent and/or register		e name of the new register
agent and/or the new registered office address here	:	9 _ J
		· ·
Name of New Registered Agent:		<del></del>
New Registered Office Address:		8:1
New Registered Office Address.	Enter Florida street address	<del></del>
	Floric	dя
<del></del>	City	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
AMBR	MORGAN M REGNAULT	2582 SW KENSINGTON STREET	
		PORT ST LUCIE, FL 34953	<b>≡</b> Remove
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			□Remove
		<del> </del>	□ Change
		- <u></u>	□Add
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