

121000276182

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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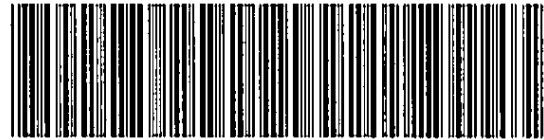
(Business Entity Name)

(Document Number)

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FALL RIVER, MA

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HYBRID HOME INSPECTIONS 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:

JOSHUA LEAVIS  
Name of Person

HYBRID HOME INSPECTIONS LLC  
Firm/Company

3398 SW HIRMANCO ST  
Address

PORT ST. LUCIE, FL 34953  
City/State and Zip Code

INFO @ HYBRID HOME INSPECTIONS . COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSHUA LEAVIS at ( 305 ) 733-6533  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

HYBRID 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 6/14/2021 and assigned  
Florida document number L21000276182.

This amendment is submitted to amend the following:

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

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)

HYBRID HOME INSPECTIONS  
1729 NW ST. LUCIE WEST BLVD #1035  
PORT ST. LUCIE, FL 34986

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

HYBRID HOME INSPECTIONS  
1729 NW ST. LUCIE WEST BLVD #1035  
PORT ST. LUCIE, FL 34986

**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:

New Registered Office Address:

1729 NW ST. LUCIE WEST BLVD #1035

Enter Florida street address

PORT ST. LUCIE, Florida 34986

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 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	MILES CARDENAS	1729 NW ST. LUCIE WEST BLVD #1035	<input type="checkbox"/> Add
		PORT ST. LUCIE, FL 34986	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	JOSHUA LEAVIS	1729 NW. ST. LUCIE WEST BLVD #1035	<input type="checkbox"/> Add
		PORT ST LUCIE, FL 34986	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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(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) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated \_\_\_\_\_

\_\_\_\_\_  
Signature of a member or authorized representative of a member

Typed or printed name of signee