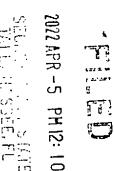
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(City	y/State/Zip/Phone	: #)
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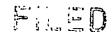
Registration Section

TO:

Divis	ion of Cor	porations	•	
	SOFLA IN:	SPECTIONS, LLC		
SUBJECT: _		Name of Lim	ited Liability Company	
The enclosed.	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return a	all correspo	ndence concerning this matter	to the following:	
		NOMAR ABREU		
			Name of Person	
			Firm/Company	
		602 MAPLEWOOD DR		
			Address	
		GREENACRES, FL 3341	5	
			City/State and Zip Code	
		NOMARABREU@GMAII	COM to be used for future annual report	nutification)
For further inf	ormation co	oncerning this matter, please c		normeanony
NOMAR AB	REU		561 758-957	
	Name of	f Person	Area Code Day	time Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$ 25.00 Fi	ling 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)
	ing Addressistration S		Street Address Registration	
Divi	sion of C	orporations	Division of (
	Box 632			of Tallahassee
Talla	ahassee. F	TL 32314	2410 IN. IVIOI	rroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2022 APR - 5 PH 12: 10

SOFLA INSPECTIONS, LLC		·
(<u>Name of the Limited Lia</u> (A Flor	pility Company as it now appears on our records.) ida Limited Liability Company)	TALL NOOKE, FL
The Articles of Organization for this Limited Liability	Company were filed on 06/28/2021	and assigned
Florida document number L21000298305		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
ABREU HOME INSPECTIONS, LLC		
The new name must be distinguishable and contain the words "I	imited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		ie name of the new register
agent and/or the new registered office address here	:	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Emer Piorida Sireei daaress	
<u> </u>		ida
	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>	Name	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			□Change
			□Add
			□Remove
			□Change
.			□Add
		□Remove	
			□Change
			□Add
			□Remove
			□Change

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