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## **COVER LETTER**

Registration Section

Division of Corporations

TO:

SUBJECT: Chat	ear Home Ins	pection LLC ted Liability Company	
	Name of Limi	ted Liability Company	
	Amendment and fee(s) are sub-		
Please return all correspo	ndence concerning this matter t	to the following:	
	Lisa Mi	Name of Person	
	Chateau t	tame Inspection	n LLC
	24 Stately	y Shoals Tra	ail_
	Ponte Ved	Address  Shoals Tra  Address  Sa Black FL  City/State and Zip Code'  tearing pections to be used for future annual report notificant.	32081
	F-mail address: (1	teavinspections to be used for future annual report notifications	S. Lon SECRET SE
	oncerning this matter, please ca	all:	21
Lisa Name o	M:\\5	at ( <u>904</u> ) <u>735</u> -	14435 == Telephone Number ==
			$r = \frac{\omega}{1}$
Enclosed is a check for t	he following amount:		
□ \$25.00 Fiting 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 Addre Registration Division of O P.O. Box 632	Section Corporations	Street Address: Registration Sect Division of Corp The Centre of Ta	orations
Tallahassee,		2415 N. Monroe	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Chateau Home Inspection LLC

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

(A Florida Limited Liability Company)

ne Articles of Organization for this Limited L	iability Company	were filed on <u>0</u>	11040	and assigned
orida document number <u>L 210003</u>	05 826			2 2
is amendment is submitted to amend the following	owing:			
If amending name, enter the new name o	f the limited liabi	lity company her	<u>re</u> :	· ·
Chateau Insperence new name must be distinguishable and contain the v	ct ons	LLC ity Company," the de	signation "LLC" or	the abbreviation "L.L.C."
iter new principal offices address, if applic	cable:			
rincipal office address MUST BE A STREE	ET ADDRESS)	NA		
nter new mailing address, if applicable.				
nter new mailing address, if applicable:  **Initial Control of the Initial Control of the I	BOX)	N/A		
	( <u>BOX)</u>	N/A		
lailing address MAY BE A POST OFFICE				
nter new mailing address, if applicable:  **Initial Control of the Initial Control of Initial C	registered office a			e name of the new regist
Idiling address MAY BE A POST OFFICE  If amending the registered agent and/or the new registered office addre	registered office a			
Initial and the registered agent and/or a	registered office a			
Idiling address MAY BE A POST OFFICE  If amending the registered agent and/or the new registered office addre	registered office a	ddress on our re	cords, <u>enter the</u>	
If amending the registered agent and/or rent and/or the new registered office address.  Name of New Registered Agent:	registered office a	ddress on our re	cords, <u>enter the</u>	

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.

N/A

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>	Address	Type of Action
N/A			⊡Add
			□ Remove
			□Add
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_N/	A
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If an effective date is Note: If the date	other than the date of filing:
e record specifies rd is filed.	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	pril 19 2022.
	Signature of a member or authorized representative of a member
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \