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DATE:

7/9/21

NAME: BLACKFIN PROPERTY INSPECTIONS LLC

TYPE OF FILING: AMENEMENT

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ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Blackfin Property Inspections 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:
Natthew Marky
Name of Person :
Firm/Company .
1295 Pinethe Cov Me
Welling Lon Fl 35414 City/State and Zin Code
Black fin. Ins. @ 6mc. 1. Con E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Matthew Marsy at (561) 308 - 7010 Name of Person C? Area Code Daytime Telephone Number
Name of Person (27) Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee & Solution Status S
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

Ihe Articles of Organization for this Limited Liab		, , ,) /	
Florida document number <u>L 21.0003067</u>		were fried on Ex	rig & our	2 and assig	ned
This amendment is submitted to amend the follow					
A. If amending name, enter the new name of t	he limited liabi	ility company her	E:	· ·	٠.
The new name must be distinguishable and contain the won	ds "Limited Liabil	ity Company," the des	ignation "LLC" or th	c abbreviation "I. I. C	1 11
Enter new principal offices address, if applicab			mette Co	•	
(Principal office address MUST BE A STREET	ADDRESS)	Wellin	for FI	-	
•			,		- O.W
Enter new mailing address, if applicable:		,	s egit		
(Mailing address MAY BE A POST OFFICE BO	<u>2X)</u>		•		4,7
		· · · · · · · · · · · · · · · · · · ·			
B. If amending the registered agent and/or reg agent and/or the new registered office address	istered office a here:	ddress on our rec	ords, <u>enter the na</u>	me of the new re	gistere
**************************************				· · · · · · · · · · · · · · · · · · ·	1
Name of New Registered Agent:	Matth	en Mars	-4	·	
Name of New Registered Agent: New Registered Office Address:	1295	Pinetta	Cin		
		Enter Florida	street address		
	Welling	City	, Florida _	35414	
New Registered Agent's Signature, if changing Reg	ristered Apent	City .	·	Zip Code	
			oacity. I further a		9.46

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 add or removed from our records: MGR = Manager AMBR = Authorized Member Title Name Type of Action □Remove □ Change ☐Remove □ Change □Add ☐Remove □ Change □ Remove □ Change \Box Add ☐ Remove ☐ Change ☐Remove □ Change

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	, if other than the date is listed, the date must be see inserted in this block of civil date on the Depart			-6. 2 cof filing or matutory filin	2/ (ore than 90 days	optional) after filing.) F	Pursuant to 605.0)2 at

Filing Fee: \$25.00