

L21000312055

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

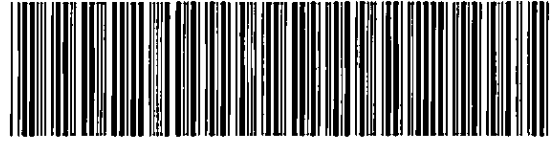
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Name was approved in error
because the name was in use
already. A free name change
amendment was issued to
Correct the problem.

Office Use Only



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FILED
2021 JUL 13 AM 10:56
FALL ARIZONA STATE COURT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COMMUNITY 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:

LEE BRICKSER

Name of Person

COMMUNITY HOME INSPECTIONS LLC

Firm/Company

12 WILLIAM TRACE

Address

FLAGLER BEACH FL 32136

City/State and Zip Code

MATTHEW.MOORE@DOS.MYFLORIDA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LEE BRICKSER

Name of Person

at (386)

Area Code

931-6853

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing 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)

WAS TOLD "NO FEE" BECAUSE STATE SHOULD NOT HAVE REGISTERED
THIS NAME AS IT WAS ALREADY TAKEN - Joe Paul

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**

COMMUNITY 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 7-8-21 and assigned Florida document number L21000312055.

This amendment is submitted to amend the following:

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

COASTAL COMMUNITY HOME INSPECTIONS LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Enter Florida street address

City

Florida

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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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CLERK OF DISTRICT COURT
TALLAHASSEE FLORIDA

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 7-11-21 _____

Signature of a member or authorized representative of a member

LEE BUCKSER

Typed or printed name of signer