Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN COUNTY HOME INSPECTIONS LLC

Certificate of Status	0
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Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO:	Registration Sec Division of Corp						
en en en		IOME INSPECTIONS LLC					
SUBJE	CT:	Name of Limi	ted Liability Company				
		Amendment and fee(s) are subr	-				
i icuse i	etam un correspo	Cheyenne Moseley	to the following.				
			Name of Person				
		Legalzoom.com, Inc.					
			Firm/Company				
		101 N Brand Blvd 11th Fl					
		Address					
		City/State and Zip Code gtomlins124@gmail.com					
		E-mail address: (t	o be used for future annual report notif	ication)			
For furt	ther information co	oncerning this matter, please ca	ill:				
Cheyenne Moseley 800 773-0888							
	Name of	`Person	at () Area Code Daytime	Telephone Number			
Enclose	ed is a check for th	e following amount:					
□ \$25	5.00 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)			

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COUNTY 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 08/27/2021 ____ and assigned Florida document number 1.21000385400 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Lion Home Inspections, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation 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

New Registered Agent's Signature, if changing Registered Agent:

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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

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If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> <u>or removed from our records</u>:

MGR = M AMBR = A	lanager uthorized Member		
Title	Name	Address	Type of Action
			☐ Remove
			Change
			☐ Remove
		***************************************	☐ Change
			Remove
			☐ Change
			□ Add
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			☐ Change
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: +18506176383	Page: 6 of 6	2021-09-13 11:30:47 PDT	LegalZoom.com, Inc.	From: Janet
D. If amending a	ny other information, ente	er change(s) here: (Attach additiona	l sheets, if necessary.)	
				_
				
			3.4	رن ا
E. Effective date	e, if other than the date of	filling:	··· (optional).	
(If an effective da	te is listed, the date must be specif ate inserted in this block does	ic and cannot be prior to date of filing or more not meet the applicable statutory filing re	than 90 days after filing.) Pursuant to 6 equirements, this date will not be it	05.0207 (3)(6) sted as the
document's eff	fective date on the Departmen	t of State's records		
If the record sp	pecifies a delayed effecti	ve date, but not an effective tim	ie, at 12:01 a.m. on the ear	lier of:
(b) The 90th	day after the record is fi	led		
Dated	IO SEPTEMBE	R 2021		
		1170		
	Signature	of a member or authorized representative of	a member (1981)	
	ry L Tomlinson			
		Typed or printed name of signet		
		Page 3 of 3		

Filing Fee: \$25.00