

L21 000429317

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

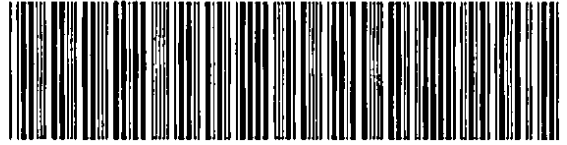
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/15/21--01008--017 **25.00

21 FEB - 2 PM 1:27

T. MATTHEWS

DEC - 1 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 NOV -3 AM 11:54

October 26, 2021

RUQAYAH JAMALUDDIN
2220 COUNTY RD 210 W
STE 108-311
JACKSONVILLE, FL 32259

SUBJECT: ACE FLORIDA HOME INSPECTIONS LLC
Ref. Number: L21000429317

We have received your document for ACE FLORIDA HOME INSPECTIONS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews
OPS

Letter Number: 321A00026083

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ACE FLORIDA 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:

RUQAYAH JAMALUDDIN

Name of Person

ACE FLORIDA HOME INSPECTIONS LLC

Firm/Company

2220 COUNTY ROAD 210 W STE- 108-311

Address

JACKSONVILLE FLORIDA, 32259

City/State and Zip Code

ACEFLORIDAHOMEINSPECTIONS @GMAIL.COM

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

For further information concerning this matter, please call:

RUQAYAH JAMALUDDIN

Name of Person

at (904)

Area Code

753-5935

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)

CHECK WAS SENT EARLIER
AND HAS BEEN CLEARED FROM BANK

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**

21 SEP 1:27

ACE FLORIDA 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 09/30/2021 and assigned
Florida document number L21000429317

This amendment is submitted to amend the following:

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

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

_____, Florida _____
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

[illegible]

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

21 NOV - 3 PM 1:27

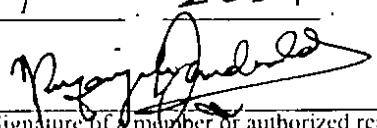
E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 NOVEMBER 04 2021



Signature of a member or authorized representative of a member

RUQAYAH JAMALUDDIN

Typed or printed name of signer