121 CCO 433868

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COVER LETTER

Registration Section

TO:

Division of Col	porations			
Final Inspe				
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Clayton S Owens			
		Name of Person		
		Firm/Company		
	2326 Gull Lane			
		Address		
	Sarasota, Fl 34237			
		City/State and Zip Code		
	clayowensemail@gmail.co		:«:	
		to be used for future annual report not	mcanon)	
For further information c	oncerning this matter, please of	ali:		
Clayton S Owens		941 993-0603 at ()		
Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	ne 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)	
Mailing Address: Registration Section		Street Address: Registration So	ection	
Division of Corporations		Division of Corporations		
P.O. Box 632		The Centre of	Fallahassee be Street, Suite 810	
Tallahassee, I	EL 34314	Z415 IN. MONIC	e succi, sunc arv	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Final Inspection LLC

2022 MAY 27 PM 10: 01

(Name of the Limited Liability	ty Company as it now appears on on Limited Liability Company)	our records.)
(A Fiorida	Clinica Clabinty Company)	TALLAHASSEE, FL
The Articles of Organization for this Limited Liability C	Company were filed on $\frac{10/04/20}{100}$	021 and assigned
Florida document number L21000433868	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
The new name must be distinguishable and contain the words "Limitation of the contain the contain the words "Limitation of the contain the conta	ited Liability Company," the designa	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
[Mulling dudress MAT BE A TOST OF THE BOA]		
		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our record	is, enter the name of the new registered
Name of New Registered Agent:	Jennirer O	Wens
New Registered Office Address:	23210 Gul	1 Lane
	Enter Florida str	reet address
	Scirasota_	
	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

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
MRG	Jennifer Sommers	2326 Gull Lane	<u></u> ⊠ ∧dd
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			□Change
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neffective <u>te:</u> If th	e date is listed, the da e date inserted in	ate must be s this block o	pecific and cannot be loes not meet the a ment of State's rec	e prior to date of f applicable statut	iling or more that	opti n 90 days after irements, thi	onal? r filing.) Pursuant to 605.02 s date will not be listed
~ · ·	_				01 a.m. on the	earlier of: (t	o) The 90th day after the
ed	4-19-20	122	In Je	· · ·	_	<i></i>	
-		<u>C</u>	/ref	> //		-	<u> </u>
		Signa	iture of a member or	r authorized repre	sentative of a m	ember	