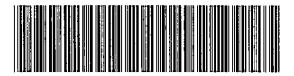
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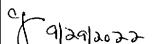
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COVER LETTER

SUBJECT: ASSET CONDITION MANAGEMENT, 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: James Roberts
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: James Roberts
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ASSET CONDITION MANAGEMENT, LLC Firm/Company 740 SOUTH CLAYTON AVENUE Address LAKELAND, FL 33801 City/State and Zip Code jwroberts@live.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: James Roberts 863 216-9836 Area Code Daytime Telephone Number Enclosed is a check for the following amount:
ASSET CONDITION MANAGEMENT, LLC Firm/Company 740 SOUTH CLAYTON AVENUE Address LAKELAND, FL 33801 City/State and Zip Code jwroberts@live.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: James Roberts Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount:
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For further information concerning this matter, please call: James Roberts
Same of Person Same of Person 216-9836 Daytime Telephone Number
Name of Person
Enclosed is a check for the following amount:
Gos on villag Fee School Filing Fee & Gos on Filing Fee
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 JUL 29 P. 4: 59

ASSET CONDITION MANAGEMENT, 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 of Florida document number 1.21000438999	were filed on 10/07/2021	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "L	LC" 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)			
(making duaress MAT BE AT OST OTTICE BOA)		<u> </u>	
B. If amending the registered agent and/or registered office a	ddress on our records, <u>ent</u>	er the name of the new register	
agent and/or the new registered office address here:			
Ninna a CNau Dunistand Apparts			
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street add	Irace	
	City	Fiorida Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	•	·	
I hereby accept the appointment as registered agent and agra	oo to get in this canacity. I	further garee to control with	

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>	Address	Type of Action
AMBR	Matthew Laidlaw	1401 Easton Drive	■Add
		Lakeland, FL 33803	□Remove
			□Change
<u>-</u>			□Add
			□Remove
			□Change
			□Remove
			□Change
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	•		□Change
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(If an effective d <u>Note:</u> If the o	ate is listed, the date must blace inserted in this bloc	ate of filing: be specific and cannot be prior k does not meet the applic artment of State's records	to date of filing or more that able statutory filing requ	(optional) n 90 days after filing.) Pursuant t irements, this date will not be	o 605.0207 (3)(t e listed as the
f the record speci record is filed.	fies a delayed effective (date, but not an effective t	ime, at 12:01 a.m. on the	earlier of: (b) The 90th day	after the
June 2 Dated	2	2022			
	n	plet			
	Janes 8	ignature of a member or auth	orized representative of a m	ember	_

Typed or printed name of signee