KARCICOGGGG

(Requestor's Name)
(Address)
(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



400386432804

05/02/02 -01000 - 007 - +20.00

SECRETARY OF STATE CORPORATIONS
2022 MAY -2 AM 10: 35

J DEP: N'S JUN 24 7072

COVER LETTER

Registration Section

Division of Corporations

TO:

This New Home Quality Inspections LLC SUBJECT: 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: Scott R. Thigpen Name of Person This New Home Quality Inspections LLC Firm/Company 3008 James L Redman Pkwv Address Plant City, FL 33566 City/State and Zip Code Scott@TNHQinspections.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Scott Thigpen Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations **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

This New Home Quality Inspection LLC				
(<u>Name of the Limited Liability Comps</u> (A Florida Limited	iny as it now appears on our record Liability Company)	<u>ds.</u>)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000095905</u> .	were filed on 2/22/2022	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	O" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	3008 James L Redman pkwy			
(Principal office address MUST BE A STREET ADDRESS)	Plant City, Fl 33566			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3008 James L Redman Pkwy Plant City, FL 33566			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new register		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida strvet addre.	EV.		
	F1 City	orida 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
MGR	Scott Thigpen	3008 James L Redman pkwy	≣Add
		Plant City, FL 33566	□Remove
			☐ Change
			□Add
			□Remove
			□Change
			🗀 Remove
			□ Change
			
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

	•••		<u> </u>	
			- <u>-</u>	
			 	
				
	•		•	
	· · ·			
	······································			
				
				
fective date, if other than the in effective date is listed, the date mu	: date of filing:	e prior to date of filin	u or more than 90 days after	onal) r tiling) Pursuant to 605 0207 :
ote: If the date inserted in this b				
ocument's effective date on the D	epartment of State's re	cords.		
ecord specifies a delayed effective	re date, but not an effec	tive time, at 12:01	a.m. on the earlier of: (I) The 90th day after the
is filed.				
5 = u(1, 22 3	2022			
April 22nd	2022 ——————————————————————————————————			
10				

Typed or printed name of signee