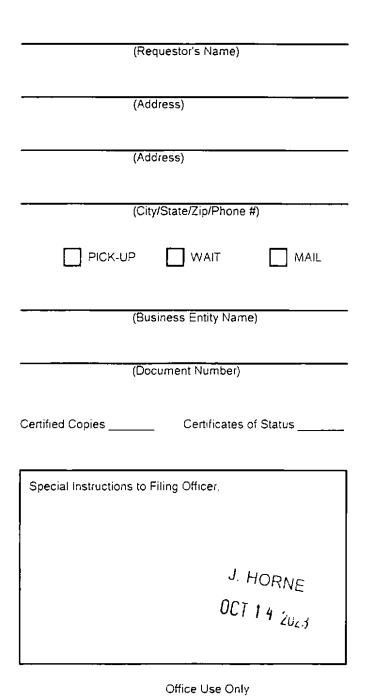
## L22000150499





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10/03/23--01037--005 \*\*25.00



## **COVER LETTER**

Registration Section Division of Corporations

TO:

SOUTH SUBJECT:	FLORIDA INSPECTORS & EN	GINEERING LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Danny Nieves		
		Name of Person	<del></del>
	SOUTH FLORIDA INSPE	ECTORS & ENGINEERING LLC	
		Firm/Company	<del></del>
	220 Miracle Mile STE 221		
		Address	
	Coral Gables, FL 33134		
		City/State and Zip Code	
	danny@southfloridainspect		
	E-mail address: (	to be used for future annual report not	ification)
For further information	on concerning this matter, please c	all:	
Danny Nieves		786 2182844 at ( )	
Nan	ne of Person	Area Code Daytim	ne Telephone Number
Enclosed is a check fo	or the following amount:		
■ \$25.00 Filing Fee		☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
P.O. Box 6	on Section f Corporations	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FI	rporations Fallahassee oe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF DA INSPECTORS & ENGINEERING LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) 03/28/2022 and assigned

## SOUTH FLORIDA INSPECTORS & ENGINEERING LLC

The Articles of Organization for this Limited Liability Company	were filed on $\frac{03/}{}$	28/2022 	and assigned
Florida document number 1.22000150499			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the de	esignation "LLC" or the abb	previation "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)			
William dates MAT BE A FOST OFFICE BOX			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	ddress on our ro	ecords, <u>enter the name</u>	of the new registered
New Registered Office Address:	r*	ida street address	
	Enter r tor		
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	- · · ·		•
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of provided for in C	my duties, and I am fo Thapter 605, F.S. Or,	amiliar with and if this document is

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	Noslandy Gonzalez	220 Miracle Mile ste 221	□ Add
		Coral Gables, FL 33134	≅Remove
			Change
		<del></del>	□ Remove
		Change	
			□ Add
			Remove
			□Change
			□Add
			Remove
			Change
			□Remove
			Change
			□ Remove
			□Change

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If an effective I	e date, if other than the date of filing:
	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
	d.
ord is file	d. 9/19
ord is file	