(Requestor's Name)   (Address)   (Address)   (Address)   (City/State/Zip/Phone #)   (City/State/Zip/Phone #)   (Business Entity Name)   (Business Entity Name)   (Document Number)   Certified Copies Certificates of Status   Special Instructions to Filing Officer:	LZZ 000	240 703
O3/06/2301020025       ++60.00         O3/06/2301020025       ++60.00         (Business Entity Name)       (0         (Document Number)       (1)         Certified Copies       Certificates of Status	(Address)	100403180561
(Document Number)		03/05/2301020025 ++60.00
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## **COVER LETTER**

## TO: Registration Section Division of Corporations

Reel Deal Home Inspections LLC

SUBJECT: \_

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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:

Jonathan Wilt Name of Person Reel Deal Home Inspections LLC Firm/Company 1281 Forrest Hill Dr 2023 HAR - 6 P. 2 5: 3. Address Clearwater, FL 33756 City/State and Zip Code wilt\_jon@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jonathan Wilt 580-1416 727 at (\_\_\_\_ Daytime Telephone Number Name of Person Area Code 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)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> 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

Reel Deal Home Inspections LLC		
( <u>Name of the Limited Liabilit</u> (A Florida	y <u>Company as it now appears on our ree</u> Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Co	Sumpany were filed on $\frac{05-24-2022}{2000}$	and assigned
Florida document number 1.22000240703		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limit</u>	ted liability company here:	
Reel It In Home Inspections LLC		
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "I	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	<u>ESS)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>en</u>	ter the name of the new registere
agent and/or the new registered once and ess here.		re:
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		
	Enter Florida street ado	dress
		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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	Type of Action
			🗆 Add
			🗆 Remove
			🗌 Add
			🗆 Remove
			🗆 Add
			□Change
			🗆 Add
			🗌 Remove
			🗆 Add
			🗆 Remove
			Change
		·	🖸 Add
			🗆 Remove
			Change

D. If amendir	g any other infor	mation, enter o	change(s) here:	(Attach addition	al sheets, if necessary	:)
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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) <u>Note:</u> 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.

March 1 ited	2023	
	Signature of a member or authorized representative of a member	
Jonathan Wilt		
	Typed or printed name of signer	

Typed or printed name of signee.