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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

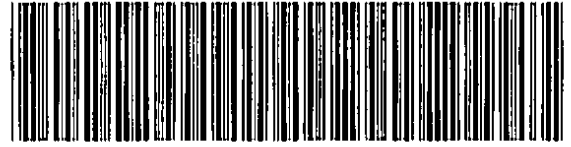
(Business Entity Name)

(Document Number)

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01 JUN 2022 10:00:00 AM

FILED  
2022 JUN 28 PM 1:59  
CLERK OF STATE  
TALLAHASSEE, FL

A. BUTLER

SEP 30 2022

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Mr. Dwelling Inspector 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:

Artyom Ghazaryan

\_\_\_\_\_  
Name of Person

Mr. Dwelling Inspector LLC

\_\_\_\_\_  
Firm/Company

14060 Biscayne Blvd 415

\_\_\_\_\_  
Address

North Miami Beach Florida 33181

\_\_\_\_\_  
City/State and Zip Code

biscaynehomeinspections@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Artyom Ghazaryan

789 944-5080  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2022 JUN 28 PM 1:59

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

## Biscayne Home Inspections LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

14060 Biscayne Ave 415 North Miami Beach FL 33181

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

***(Mailing address MAY BE A POST OFFICE BOX)***

## Name of New Registered Agent:

**New Registered Office Address:**

Enter Florida street address

## Florida

City

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*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> | <u>Address</u> | <u>Type of Action</u>           |
|--------------|-------------|----------------|---------------------------------|
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|              |             | <hr/>          | <input type="checkbox"/> Remove |
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|              |             | <hr/>          | <input type="checkbox"/> Change |

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

Email: biscaynehomeinspections@gmail.com

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

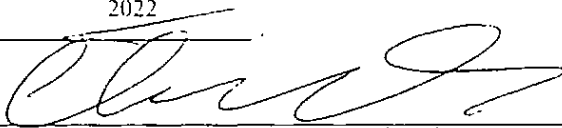
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** 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.

Dated June 6th

2022



Signature of a member or authorized representative of a member

Artyom Ghazaryan

Typed or printed name of signee

**Filing Fee: \$25.00**