L22000299219

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





800403501108

COVER LETTER

TO: Registration Solution of Con					
SUBJECT:		Enspectors, I	46		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Thom	nas R. matso	DY		
	JBR 1	Home Inspecto	ors, LLC		
	7256 W	. Oakridge Circ	Le, 34C		
	Lantan	2 Florida 3 City/State and Zip Code	3462 HAR		
	Brail address: (1	ne unspectors of the used for future annual report notific	amail. Com ?		
For further information of	concerning this matter, please ca	all:	AH 9: 40		
Thomas Name o	R. Matson	at (<u>121</u>) <u>483</u> Area Code Daytime	-1950 Telephone Number		
Enclosed is a check for t	he 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		Street Address: Registration Sec	tion		
Division of C		Division of Corp			
P.O. Box 6327		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as (A Florida Limited Liabil	s it now appears on our records.) ity Company)				
The Articles of Organization for this Limited Liability Company were Florida document number a 000a99a19	e filed on July 5, 2022 and assigned				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liability	company here:				
The new name must be distinguishable and contain the words "Limited Liability Co	ompany," the designation "LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)	S: 202				
	20 5				
	iye ≒				
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·				
(Mailing address MAY BE A POST OFFICE BOX)					
	F.A. •				
	m 0				
B. If amending the registered agent and/or registered office address and/or the new registered office address here:	ess on our records, <u>enter the name of the new regis</u> t				
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
	, 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, 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	Justin Kappenna	n 7125 NW 156th St. Edmond . OK 73013	□Add
			il-Remove
			□Change
			□Add
			©Remove
			©Change
			Renjarve
		SEC. FL	Change □Change
		LAE	5 □Add
			□ Remove
			Change
 			⊡Add
			□Remove
			Change
			□Add
			□Remove

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