122000340756

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

Office Use Only



100391964711

03/10/22--01009--019 **25.00

ZBZZ AUS TO PH 1: 01

COVER LETTER

Division of Corporations		
SUBJECT: TOPLING	Name of Limited Liability Company	
The enclosed Articles of Amendment and	I fee(s) are submitted for filing.	
Please return all correspondence concerni	ing this matter to the following:	
	Jason Tetrault Name of Person	
	pline Inspections Firm/Company	LLC
	-25 Truckewinds Dr Address	
<u></u>	City/State and Zip Code City/State and Zip Code Compared to Selvices C	163
<u> </u>	- Spection Selvices @ -mail address: (to be used for future annual report notif	com (com
For further information concerning this m		
Jason Tetrant	at (SCI) 715-2 Area Code Daytime	2366 Telephone Number
Enclosed is a check for the following amo	ount:	
S25.00 Filing Fee ☐ \$30.00 Fil Certifica	ting Fee &	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address:	tion
Division of Corporations	Registration Sec	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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 OE



	O.			
-	i		2022 AUG 10 PM	1: U 1
(Name of the Limited Ciabi	CHOAS	LLI	en to compare the	-
(Name of the Limited Liabi	lity Company as	it now appears o	n our records.)	
(A rion	aa Liiniica Esamii	ty Company)	- 1 i	
The Articles of Organization for this Limited Liability Florida document number 22200340	Company were	ctiled on S	1/2/22	and assigned
1))200	75-1		//	and assigned
florida document number 222000 370	7.3 (
This amendment is submitted to amend the following:				
e-				
A. If amending name, enter the new name of the lin	nited liability (<u>company here</u>	<u>:</u>	
ST INSAPILIA CO	VIL. CPX	110		
The new name must be distinguishable and contain the words "Li	mited Liability Co	ompany," the desi	gnation "LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADD	RESS)			
	_			
Enter new mailing address, if applicable:				
		·		
Mailing address MAY BE A POST OFFICE BOX)				
		<u> </u>		
3. If amending the registered agent and/or register		ess on our rec	ords, <u>enter the name</u> of	the new registered
gent and/or the new registered office address here:				
Name of New Registered Agent:				
New Registered Office Address:		Fatar Elmid	street address	
		EMEL CRITICA	sirver address	
			Florida	
	(Tity -	Zi	ip 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	Membe

<u>Title</u>	Name	Address	Type of Action
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□
		-	□Change
			□ Add
			□Remove

								
								
-							-	
				<u>. </u>			20	
							2022 AUG	<u> </u>
							10	
	_						PH	j .
	·					• •	• •	
						_ _		
	other than the date	oes not mee	t the applical	o date of tiling or ole statutory fi	more than 90 daing requireme	(optional) lys after filing.) nts, this date	will not b	oe listed as
ote: If the date in ocument's effective	e date on the Departn							
ote: If the date in ocument's effectiv		, but not an	effective tin	ne, at 12:01 a.n	1. on the earlie	rof:(b) The	: 90th da _:	y after the

Filing Fee: \$25.00