L22000346219

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SECRETARY OF THE SECRET

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COVER LETTER .

TO: Registration Section Division of Corporations
SUBJECT: 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:
Name of Person
Napier Inspection Services, LLC
8552 N. Empre Aul
City/State and ZloCode FL 34433
Comparing the second of future annual report notification.
For further information concerning this matter, please call:
Jamie Li Dapiel at (352) 734-600 6 Name of Person at (352) Daytime Telephone Number
Enclosed is a check for the following amount: \$25.00 Filing Fee \$30.00 Filing Fee & Certified Copy (additional copy is enclosed) \$560.00 Filing Fee. \$560.00 Filing Fee. \$560.00 Filing Fee. \$60.00 Filing Fee

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 SEP -6 PM 1:26

ited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Aug. 19,200 and assigned Florida document number L22000366219 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 Company," the designation "LLC" or the abbreviation "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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City 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 Type of Action Address Title Name SSS2 N. Empire Aul and CHrw Springs, FL34438 Remove AMBR Jamiel Napier □Change Remove_ □Change \square Add ____ □Change _____ Remove _____ □Change □Remove _____ □Change _____ □Remove

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an effective date i lote: If the date	if other than the date is listed, the date must be seen inserted in this block on the Depart	specific and cannot be pridees not meet the app	for to date of filing or t licable statutory fili	optio more than 90 days after ng requirements, this	iling.) Pursuant to 605.	.0207 (ed as t
record specifies	a delayed effective dat	te, but not an effective	e time, at 12:01 a.m	, on the carlier of: (b)	The 90th day after	r the
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Filing Fee: \$25.00