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Office Use Only



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COVER LETTER

TO: .. Registration Section

Tallahassee, FL 32314

Division of Corporations DRACO HOME INSPECTIONS LLC 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: DRACO PINTO Name of Person DRACO HOME INSPECTIONS LLC Firm/Company 1301 SW 117TH WAY Address DAVIE, FL 33325 City/State and Zip Code SHABIZ@COMCAST.NET E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call; DRACO PINTO Daytime Telephone Number Name of Person 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 & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DRACO HOME INSPECTIONS LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limited	nany as it now appears on our records Liability Company)	<u>r) </u>
The Articles of Organization for this Limited Liability Compan	y were filed on 11/28/2022	and assigned
Florida document number L22000499959		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
DRACO INSPECTIONS & REPAIRS LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1301 SW 117TH WAY	
(Principal office address MUST BE A STREET ADDRESS)	DAVIE, FL 33325	
Enter new mailing address, if applicable:	1301 SW 117TH WAY	Dr.
Mailing address MAY BE A POST OFFICE BOX)	DAVIE, FL 33325	2
		(ac) 🕦
3. If amending the registered agent and/or registered office	address on our records, enter t	the name of the new registere
gent and/or the new registered office address here:	, 	177 10
Name of New Registered Agent: DRACO PINT	ro	
New Registered Office Address: 1301 SW 117	TH WAY	
	Enter Florida street address	

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.

City

DAVIE

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>	Address	Type of Action
	N/A		□Add
			□Remove
			□Add
			□Remove
			□Change
			□Remove
			□Change
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e: If the date insert	ted in this block does not me	et the applicable stat	tuing or more than 90 c utory filing requirem	lays after filing.) Pursuant to ents, this date will not be	o 605.020 e listed a
ament's effective d	ate on the Department of Sta	te's records.			
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Typed or printed name of signee