

\* \* Transmit Confirmation Report \* \*

**L23000067316**

Transmit	Resolution	Start Time	Time	Page Kind	Result	Error Code	Message
850617638		04/06/2022 18:59	00:00	0	ERROR	23	The destination didn't receive the communication. Check the destination.

Page 1 of 6

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

H23000130154

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000130154 3))



H230001301543ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : API PROCESSING  
Account Number : I20110002069  
Phone : (954)567-0013  
Fax Number : (954)567-3401

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: ANNETTE@APIPROCESSING.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
INSPECTPRO SOLUTIONS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2023 APR -6 PM 3:46

2023 APR -6 PM 2:46  
L-11

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Page 1 of 6

H23000130154

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000130154 3)))



H230001301543ABCT

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

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INSPECTPRO SOLUTIONS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

*Page 2 of 6**H23000130154*

April 5, 2023

FLORIDA DEPARTMENT OF STATE  
Division of CorporationsINSPECTPRO SOLUTIONS, LLC  
5846 S. FLAMINGO ROAD  
COOPER CITY, FL 33330SUBJECT: INSPECTPRO SOLUTIONS, LLC  
REF: L23000067316

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tammi Cline

FAX Aud. #: H23000126753

Regulatory Specialist II Supervisor

Letter Number: 323A00007785

COVER LETTER

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H23000130154

TO: Registration Section  
Division of Corporations

SUBJECT: INSPECTRO SOLUTIONS 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:

Annette Mota

Name of Person

API Processing - Licensing, Inc.

Firm/Company

3419 Galt Ocean Drive Suite A

Address

Fort Lauderdale FL 33308

City/State and Zip Code

annette@apiprocessing.com

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

For further information concerning this matter, please call:

Annette Mota

954

567-0013 x 12

Name of Person

at ( )

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

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

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H23000130154

INSPECTPRO SOLUTIONS LLC

(Name of the Limited 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 FEBRUARY 6, 2023 and assigned  
Florida document number L23000067316.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

ASSESS BUILDING CONSULTANTS LLC

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:

5846 S. FLAMINGO ROAD #283

(Principal office address MUST BE A STREET ADDRESS)

COOPER CITY, FL 33330

Enter new mailing address, if applicable:

5846 S. FLAMINGO ROAD #283

(Mailing address MAY BE A POST OFFICE BOX)

COOPER CITY, FL 33330

**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:

EDGARD OLAZABAL

New Registered Office Address:

5846 S. FLAMINGO ROAD #283

Enter Florida street address

COOPER CITY

City

Florida

33330

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:

H23000130154

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	EDGARD DE OLAZABAI	5846 S FLAMINGO ROAD	<input type="checkbox"/> Add
		SUITE 283	<input type="checkbox"/> Remove
		COOPER CITY FL 33330	<input checked="" type="checkbox"/> Change
MGR		5846 S FLAMINGO ROAD	<input type="checkbox"/> Add
		SUITE 283	<input type="checkbox"/> Remove
		COOPER CITY FL 33330	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

[illegible]

**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.

Dated ~~2~~ Mar 28, 2023

Signature of a member or authorized representative of a member

Typed or printed name of signee