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| (Requestor's Na | me) |
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| PICK-UP WAIT | MAIL |
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| Certified Copies Certific | ates of Status |
| Special Instructions to Filing Officer: | · · · · · · · · · · · · · · · · · · · |
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| TO: Registration So Division of Cor | | | |
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| SHDIEZT. N | 1k Property In | nspections, LLC | |
| 30bJr.C.1: | Name of Lin | nited Liability Company | - |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | bmitted for filling. | |
| Please return all correspo | ondence concerning this matter | r to the following: | |
| | | | |
| | Matias 1 | Name of Person | |
| | | Name of Person | |
| | WK Prop | erty Inspections, LLC | |
| | | serve Ave Apt 516 | |
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| | Lake Worth | Beach, FL 33460 City/State and Zip Code | • |
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| | <u>Schastian</u> (| 2 1stcallfl. com (to be used for future annual report notification) | |
| For further information co | n-man address; (oncerning this matter, please c | | : <u>;</u> & |
| 709 Rittiet mornimon et | oucesting this maner, piease c | an. | |
| Matins K | umplairen | at (<u>561</u>) <u>283 - 6411</u> Area Code Daytime Telephone Ni | |
| Name of | f Person | Area Code Daytime Telephone Ni | umber |
| Enclosed is a check for th | ac following amount: | | |
| ■ \$25,00 Filing Fee | S30.00 Filing Fee & Certificate of Status | Certified Copy Cert (additional copy is enclosed) Cert | 00 Filing Fee. dificate of Status & diffed Copy monal copy is enclosed) |
| Mailing Address | | Street Address: | |
| Registration S | | Registration Section | |
| Division of Co P.O. Box 632 | • | Division of Corporations The Centre of Tallahassee | |
| Tallahassee, F | | 2415 N. Monroe Street, Sui | ito 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| MK Property In | spections, LLC | | |
|---|---|---------------------------|-----------------------|
| (<u>Name of the Limited Liability Con</u> (A Florida Limit | npany as i <mark>t now appears on o</mark> ed Liability Company) | our records.) | |
| The Articles of Organization for this Limited Liability Compa Florida document number <u>L230000</u> 86051 | my were filed on 0λ | /16/2023 | and assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited li | ability company here: | | |
| First Call Insurance Inspections The new name must be distinguishable and contain the words "Limited Li | , LLC | | |
| The new name must be distinguishable and contain the words "Limited Li | ability Company." the design: | ition "I. LC" er ilie abb | reviation "L.J.,C" |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | <u> </u> |
| | | <u>-</u> | •• |
| | | - | |
| Enter new mailing address, if applicable: | | : | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| (maning datatess state BLATOST OTTICE BOA) | | | ·: |
| | | | <u></u> |
| B. If amending the registered agent and/or registered offic agent and/or the new registered office address here: | ce address on our record | ls, <u>enter the name</u> | of the new registered |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter Florida st. | reet address | |
| | | , Florida | |
| | City | | Zip Code |

New Registered Agent's Signature, if changing Registered Agent:

A . I .

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| ective date, if oth effective date is listed | er than the date | e of filing | g: | ior to date o | f filing or me | ore than 90 (| _ (optio lays after f | nal) ilmg.) Pursu | ant to 605.0 |
| e: If the date inser ument's effective d | теа игина вноск с | aoes nour | песи те арр | orcable sta | utory filing | t requireme | ents, this | date will n | ot be listee |
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| d July | 29th | · · · | 2024 | | · /2 | _ | | - | |
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