## da Department of State

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAMACHO & ASSOCIATES LLC

Account Number : I20220000154 Phone

: (323)453-5446

Fax Number : (407)350-5660

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

Address:	<u> </u>	
	Address	Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CENTRAL FLORIDA REBUILT INSPECTION LLC

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Help

S. ROBERTS

JUL 13 2023

## **COVER LETTER**

TO: 1	Registration Division of C	Section Corporutions		
SUBJEC	CENTRA	AL FLORIDA REBUILT INSP	ECTION LLC	
		Name of L	mited Liability Company	
The enclo	sed Articles (	of Amendment and fee(s) are su	thmitted for filing	
		pondence concerning this matte		
		YOUSSEF BOUSSALH	АМ	
			Name of Person	<del></del>
		CENTRAL FLORIDA R	EBUILT INSPECTION LLC	
			Firm/Company	
		15538 WATERLEIGH C	OVE DR	
			Address	
		WINTER GARDEN, FL	34787	
			City/State and Zip Code	
		E-mail address;	(to be used for future annual report note)	ication)
For further	information of	concerning this matter, please c		scarrolly
	BOUSSALE		407 508-1003	
<del></del>	Name (	of Person	at ()	Telephone Number
Enclosed is	a check for 1	he following amount:		
<b>■</b> \$25.00	Filing Fee	☐ \$30.00 Filing Fcc & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Re Di P.0	egistration S vision of C D. Box 632 llahassee, I	Section Corporations 17	Street Address: Registration Sect Division of Corp The Centre of Ta 2415 N. Monroc	orations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CENTRAL FLORIDA REBUILT INSPECTION LL	.c	
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) [Liability Company]	·
The Articles of Organization for this Limited Liability Company		
Florida document number L23000161224	, word fried on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
The new name must be distinguishable and contain the words "Limited Liabi		
		ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4045 FORRESTAL AVE STE 10	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FL 32806	
		, 70
Enter new mailing address, if applicable:	4045 FORRESTAL AVE STE 10	
(Mailing address MAY BE A POST OFFICE BOX)	ORLANDO, FL 32806	<u>v</u>
B. If amending the registered agent and/or registered office a	address on our records, enter the o	ame of the new registers
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
<del></del>	Enter Florida street address	
	, Florida	
	City	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:

MGR =	Manager	
	Authorized	Member

Title	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			Change
			□Add
			© Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
<del></del>			□Add
			□ Remove
			□Change
			①Add
			□Remove
			□Change

New Mailing address:	1045 FORRESTAL AVE STE 10. ORLANDO, FL 32806
-	
ctive date, if other than	the date of filing: $\frac{07/10/2023}{}$ (optional)
T ar and come imposited iff iff	must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 is block does not meet the applicable statutory filing requirements, this date will not be listed as
ment's effective date on the	be Department of State's records.
ord spanifies a delevad aff	
filed.	ective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
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d TOTA UD	, 2023
Yn weet	: POUSSACHAN.
€00354	Signature of a member or authorized representative of a member

Filing Fee: \$25.00

Typed or printed name of signee