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COVER LETTER

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SUBJECT:		e Inspections LLC					
SUBJECT	·	Name of Lim	ited Liability Company				2(
						:	023 A
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.				2023 AUG 1 O
Please retur	n all correspo	ndence concerning this matter	to the following:				
		Scott Dukes					PM 12: :
			Name of Person				26
		Dukes Home Inspections I	LC				
			Firm/Company				
		14428 Mooring Drive					
			Address				
		Seminole, FL 33776					
			City/State and Zip Cod				
		Dukes_inc@outlook.com					
		E-mail address: (to be used for future annua	il report notification	n)		
For further	information co	oncerning this matter, please c	all:				
Scott Duke	s		727 4 at () _	22-6662			
•	Name of	Person	Area Code	Daytime Tele	phone Number		
Enclosed is	a check for th	e following amount:					
≅ \$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is e		S60.00 Filis Certificate Certified C (additional co	of Status Copy	
<u>M</u>	ailing Address	<u>s:</u>	Street A	Address:			

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

AUG 10 PH 12; 2

Dukes Home Inspections 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 May 15, 2023 and assigned Florida document number L23000238147 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Fresh Start Home Inspections LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) P.O. Box #462 Enter new mailing address, if applicable: 204 4th Avenue (Mailing address MAY BE A POST OFFICE BOX) Indian Rocks Beach, FL 33785-9998 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

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.

Cirv

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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			□ Remove
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an effective date is listed, the date must be specific and cannot be property. If the date inserted in this block does not meet the appropriate the appropriat	(optional) prior to date of filing or more than 90 days after filing.) Pursuant to 605,020 pplicable statutory filing requirements, this date will not be listed a
ocument's effective date on the Department of State's reco	ords.
record specifies a delayed effective date, but not an effective field.	ve time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
August 8 2023	
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Tott Du	les
Tott Du	authorized representative of a member

Filing Fee: \$25.00