## L23000311825

(R	equestor's Name)	
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(C	ity/State/Zip/Phon	e #)
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P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

12/08/2023

NAME:

BLACKSTONE REBUILT INSPECTIONS LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

#### **COVER LETTER**

Division of Cor	•	NS 1 1 C	
SUBJECT:	ONE REBUILT INSPECTION  Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Cristina Breuer		
	<del></del>	Name of Person	
	BLACKSTONE REBUIL	TINSPECTIONS	
		Firm/Company	<del></del>
	22563 SW 102nd Ave		
		Address	
	Miami FL 33190		
		City/State and Zip Code	*****
	Cristy1621@gmail.com E-mail address: (	to be used for future annual report notific	cation)
For further information co	oncerning this matter, please c	all:	
Cristina Breuer		786 553-4233	
Name o	f Person	at ()	Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	(additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address: Registration Sect	ion

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

\* • • •

TÓ:

Registration Section

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 FILED

BLACKSTONE REBUILT INSPECTIONS L.L.	.(_	2023 DEC -8	AM 11: 29
(Name of the Limited Liability Compa	ny as it now appears Liability Company)	on our records.)	ot SIATE
The Articles of Organization for this Limited Liability Company	were filed on 06/2	9/2023	and assigned
Florida document number L23000311825			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company her	<u>e</u> :	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the de-	signation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	<u> </u>		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our rec	cords, <u>enter th</u>	name of the new register
Name of New Registered Agent:			
New Registered Office Address:	Enter Floric	la street address	
		, Flori	da
	City	, гюго	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 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 opremoved from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	Luisa Perez	102 GATESIDE ST LEHIGH ACRES FL 33936	□Add
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			(]Change
			DAdd
			□Remove
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e: If the date inserted in this bloc	k does not meet the applical	ole statutory filing req	uirements, this date wi	II not be li	sted a
ument's effective date on the Dep	artment of State's records.				
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September 14		_ ·			
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Filing Fee: \$25.00