L23000465974

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COVER LETTER

TO: Registration Section Division of Corporations

ACCOUN' SUBJECT:	TABLE HOME INSPECTION	S OF THE TREASURE COAST,	LLC
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filmg.	
Please return all correspo	ondence concerning this matter	to the following:	
	Troy Lawrence		
		Name of Person	
		Firm/Company	
	3099 SW Otter Ln		
		Address	
	Stuart, FL 34997		
		City/State and Zip Code	
	TroyJamesLawrence@gma		
	E-mail address: (to be used for future annual report not	tification)
For further information of	concerning this matter, please c	all:	
Troy Lawrence		813 786 - 9442	
Name o	of Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a check for t	he 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 Addres		Street Address:	
Registration Section		Registration Se	ection

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

ACCOUNTABLE HOME INSPECTIONS OF THE TREASURE COAST, 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 $\underline{\underline{10/10/2023}}$ and assigned Florida document number L23000465974 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) ĊЛ 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 . Florida _ Cirv 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, <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
CEO	Troy Lawrence	3099 SW Otter Ln	≣ Add
		Stuart, FL 34997	□Remove
			□Change
MGR	Troy Lawrence	3099 SW Otter Ln	■Add
		Stuart, FL 34997	□Remove
			□ Change
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			□Remove
			□Change

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