Florida Departments of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

ညှEmail Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HOUSE SHIELD INSPECTION SERVICES (HSIS) LLC

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11/3/2023 10:23:03 PDT

Ta: 18506176383

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From: Registered Agents Inc.

Fex: 8134365206

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

House Shield Inspection Services (HSIS) LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our recornted Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Comp Florida document number L23000485034	any were filed on 10/23/23	and assigned
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 L	liability Company." the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		ê <u>.</u>
(Principal office address MUST BE A STREET ADDRESS		
		· · · · · · · · · · · · · · · · · · ·
		1
Enter new mailing address, if applicable:		19
(Mailing address MAY BE A POST OFFICE BOX)		
Ending duaress MAT BE ATOST OFFICE BOAY		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	ice address on our records, enter	
	, F.	lorida
New Registered Agent's Signature, if changing Registered Age	•	Dip Cont
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	agree to act in this capacity. I fullete performance of my duties, a as provided for in Chapter 605,	and I am familiar with and F.S. Or, if this document is
<u>If c</u>	Changing Registered Agent, Signature	of New Registered Agent

11/3/2023 10:23:03 PDT . . .

Tc: 18506176383

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From: Registered Agents Inc.

Fax: 8134365206

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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Johansen, Christopher Michael	12803 Woodbine Dr	ØAdd
		Hudson, Florida. 34667	□Remove
			Change
			□Remove
			□Add
			□Remove
			Change
		□Add	
		•	Remove
			□Change
			□Add
			□Remove
			Change
			
			□Remove
			☐ Change

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(If an e Note	ive date, if other than the date of filing: [cetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (2). If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the date on the Department of State's records.
cord is	
Date	November 3rd 2023 Ruha June Signature of a member or authorized representative of a member
Date	

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Typed or printed name of signee