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(Address)				
(City/State/Zip/Phone #)				
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(Document Number)				
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11/07/23--01026--005 **25.80

COVER LETTER

TO: `Registrati Division o	ion Section of Corporations	•	•		
Light					
SUBJECT: Name of Limited Liability Company					
The enclosed Articl	les of Amendment and fee(s) are sub	omitted for filing.			
Please return all coi	rrespondence concerning this matter	to the following:			
	Steve Podolsky				
Name of Person					
Lightning Rebuilt Inspection LLC					
Firm/Company					
	4443 30th st W		~;		
		Address			
	Brandenton, FL, 34207		1		
	hightningrebuiltinspection@	City/State and Zip Code			
		to be used for future annual report notif	ication)		
For further informa	tion concerning this matter, please c	all:	-1		
Steve Podolsky		239 677-00-51			
N	ame of Person	Area Code Daytime	Telephone Number		
Enclosed is a check	for the following amount:				
■ \$25.00 Filing F	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)		
<u>Mailing A</u>		Street Address:			
Registration Section		Registration Sec			

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

 $TO \cdot$

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lightning Rebuild Inspection 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 $\frac{10/25/2023}{10/25/2023}$ and assigned Florida document number 1.23000487244 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Lightning Rebuilt Inspection 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 ___

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.

City

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 or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			
			□Remove
			□Change
			□Add
			□Change
	-		, □Add
			□Remove
			 □Change
			□Add
		 	□Remove
			□Change
			□Remove
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			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated ____ Steve Podocsky Signature of a member or authorized representative of a member Steve Podolsky Typed or printed name of signee

Filing Fee: \$25.00