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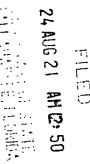
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: MO	d Telect	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:	
	Maria	V. Salmon Name of Person	·
	MOH Det	ECT EXXX 45,	uc
	164275W) 85th LGNL Address	
	MIGMI A Salmonn E-mail address: (t	City/State and Zip Code Out is a Co). UM
For further information co	oncerning this matter, please ca	ll:	
Marie of	Salmon Person	at (265) 50.7 Area Code Daytime T	elephone 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 enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Street Address: 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

Mold Detect Ba	CAS LLC	
(<u>Name of the Limited Liability Comps</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	y were filed on 37124 and assigned	d
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi		
Enter new principal offices address, if applicable:	24	
(Principal office address MUST BE A STREET ADDRESS)		
	2	
	330	—
_	지도 중 () 기계 중 ()	
Enter new mailing address, if applicable:	<u></u>	
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new reg</u>	<u>istered</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City 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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGE	Marial Salmon	164275085-Lane Miami, FZ 33193	Add
		M19mi, FZ 33193	□Remove
	Marcia V. Salmon	1	Change
AMBR	Authorized Mamber	14427 SW 85th Lane	Add
		14427 SW 85th Lane Migmi FC 33193	□ Remove
			Change
			□Add
		·-	□ Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□ Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: (If an effective 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 (3)(b) 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 JUY 26. 2024. Muia V-Salmon
Signature of a member or authorized representative of a member A C C C C C C C C C C C C C C C C C C



Department of State / Division of Corporations / Search Records / Search by Entity Name /

Detail by Entity Name

Florida Limited Liability Company MOLD DETECT EXPERTS, LLC

Filing Information

Document Number

L24000116319

FEVEIN Number

NONE

Date Filed

03/07/2024

Effective Date

03/06/2024

State

FL

Status

ACTIVE

Principal Address

16427 SW 85TH LANE

MIAMI, FL 33193

Mailing Address

16427 SW 85TH LANE

MIAMI, FL 33193

Registered Agent Name & Address

SALMON, MARIA V

16427 SW 85TH LANE

MIAMI, FL 33193

Authorized Person(s) Detail

NONE

Annual Reports

No Annual Reports Filed

Document Images

03/07/2024 -- Florida Limited Liability

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