L24000127282

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COVER LETTER

TO: Registration Se Division of Cor		•* • 🖫 ~		
FLTM Inspec	ction Services Limited Liability	y Company* ,	, v	
SUBJECT:	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:		
	Laura L Mihlfeld			
		Name of Person		
		Firm/Company		
	9740 SW 145th St			
		Address		
	Miami, Florida, 33176			
	bankrigger@gmail.com	City/State and Zip Code		~3
		to be used for future annual re	port notification)	
For further information c	oncerning this matter, please ca	all:		
Thomas Mihlfeld		786 402- at ()	9916	
Name o	f Person	Area Code	Daytime Telephone Number	FM 3: 36
Enclosed is a check for the	ne following amount:			1 m 3 m
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	sed) Certified	e of Status &

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

LTM Inspection Services Limited Liability Company (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 March 14, 2024 and assigned Florida document number L24000127282 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: LTM Inspection Services LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "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: (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

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 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
			□ Remove
			□Add
			□Remove
			□Change
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			Remove
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an effec lote: 1f	e date, if other than the date of filing:
record I is filed	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 l.
	5/26/2024, 2024.
ated _	5/26/2024, 2024.
ated _	5 136 12024. Millefeld Signature of a member or authorized representative of a member