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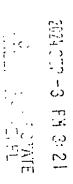
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Special Instructions to Filing Officer.





09/03/24--01042--013 ₩25.00





## **COVER LETTER**

TO:				
creum en		J HOME INSPECTOR, LLC		
SUBJE	CI:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		DANIEL HERNAN ORT	IZ LUZURIAGA	
			Name of Person	
	DONLUZU HOME INSPECTOR, LLC  Firm/Company  9480 NW 24TH PL  Address  SUNRISE, FL 33322  City/State and Zip Code  danny.ortiz@donluzu.com  E-mail address: (to be used for future annual report notification)  ner information concerning this matter. please call:  L ORTIZ  Name of Person  Area Code  Daytime Telephone Number			
		<u> </u>	Firm/Company	Status & y is enclosed)
		9480 NW 24TH PL		
			Address	
		SUNRISE, FL 33322		
			City/State and Zip Code	
For furth	her information c	oncerning this matter, please c	all:	
DANIE	L ORTIZ		at ( )	
	Name o	f Person	Area Code Daytime Telephone Number	
Enclose	d is a check for th	ne following amount:		
<b>■</b> \$25	.00 Filing Fee		Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy	
	Registration S	Section Corporations 17	Registration Section	2524 SEP - 3 -

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabili (A Florid	ity Company as it now appears on our reco a Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liability C Florida document number L24000299620	Company were filed on 07/03/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDI	<u> </u>	<u> </u>
	<del></del>	-
Enter new mailing address, if applicable:	<del></del>	
Mailing address MAY BE A POST OFFICE BOX)		
	<del></del>	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, <u>ente</u>	er the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	ress
	1	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 tocument 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

21

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
MGR	ORTIZ, DANIEL H	9480 NW 24TH PL	□Add
		SUNRISE, FL 33322	□Remove
			<b>=</b> Change
AMBR	ALVAREZ, JOHANNA ANDREA	9480 NW 24TH PL	□Add
		SUNRISE, FL 33322	□Remove
			■Change
			□Add
			□Remove
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			□Add
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			□ Remove □ Change □ Add
			□ Add □ Add □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □

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