L24000322504

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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OCT 16 ARM

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August 20, 2024

VALERY LATOUR 12082 75TH LN N WEST PALM BEACH, FL 33412

SUBJECT: DIVERSIFY HOME INSPECTIONS LLC

Ref. Number: L24000322504

We have received your document for DIVERSIFY HOME INSPECTIONS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

RUSSELL L HUNT Regulatory Specialist III

SECNETARY OF STATE

Letter Number: 024A00018606

www.sunbiz.org

COVER LETTER

Division of Corporations
UBJECT: Diczer & Fy House Lus Pochious 11c
ne enclosed Articles of Amendment and fec(s) are submitted for filing.
ease return all correspondence concerning this matter to the following:
Valexy (atour Name of Person
Firm/Company
• •
12082 75 ⁷⁹ / n n Address
City/State and Zip Code Diles S. fy Holds Instead on fund. con E-mail address (at be used for future annual report notification)
E-mail address to be used for future annual report notification)
or further information concerning this matter, please call:
Name of Person at (454) 647 015 2 Area Code Daytime Telephone Number
nclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Street Address: Registration Section

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

TO: Registration Section

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

2021/05 12 ATIC: 17

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			-	~ '~ .)
(<u>Name of the Limited</u> (A	Liability Compar	ny as it now appears on a	our records.)	······································
		, , , , , , , , , , , , , , , , , , ,		
The Articles of Organization for this Limited Liab	oility Company	were filed on	122/24	and assigned
Florida document number <u>L14000 322</u>	504	,,	/	
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liabi	lity company here:		
The new name must be distinguishable and contain the wor		NA		
The new name must be distinguishable and contain the wor	ds "Limited Liabili	ity Company," the designa	ntion "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicat	ole:	<i>\(\nu\)</i>	14	
Principal office address MUST BE A STREET	ADDRESS)			
			1	
Enter new mailing address, if applicable:			14	
Mailing address MAY BE A POST OFFICE BO	QX)		,	
				·
B. If amending the registered agent and/or reg		ddress on our record	ds, <u>enter the nai</u>	ne of the new regist
agent and/or the new registered office address	<u>here</u> :			
	,	/ i		
Name of New Registered Agent:	<u>UAle</u>	yy leter	-	
New Registered Office Address:	12087	7) / (nn Enter Florida st	. 11	
	0.2	Enter Florida sti	reet address	37 /
	<u> </u>	City	, Florida _	2) 7/ l
		Cuy		zip Coae

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	<u>Address</u>	Type of Action
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mellecti ote: If t	date, if other than the date of filing:
ecord spis filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	7/30/24
ted	
ted	
ted	Signature of a member or authorized representative of a member VA levy A do GV Typed or printed name of signee

Filing Fee: \$25.00