

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| NOV 22 2024 |





11/01/24--01015--008 **25.00



COVER LETTER

| JOE BROV | WN ELECTRIC & HOME INS | PECTIONS LLC | |
|----------------------------------|--|---|--|
| SUBJECT. | Name of Lim | ited Liability Company | . |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspondence | ondence concerning this matter | to the following: | |
| | Joseph F Brown | | |
| | | Name of Person | |
| | | Firm/Company | |
| | 3634 Rossmere Road | | |
| | | Address | |
| | Port Charlotte, Florida 33 | 953 | |
| | | City/State and Zip Code | |
| | joe50brown@gmail.com | | |
| | E-mail address: (| to be used for future annual report noti | fication) |
| For further information of | concerning this matter, please c | all: | |
| Joseph F Brown | | 786 231-4055 | |
| Name (| of Person | at () Area Code Daytim | ne Telephone Number |
| Enclosed is a check for t | the 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

TO:

Registration Section
Division of Corporations

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**

FILED

2024 NOV -1 PM 1: 15

| ĺ | OF | RROWN | FLECTRIC A | HOME INSPECTIONS LLC |
|---|----|-------|------------|----------------------|
| | | | | |

FSTAR (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 Comp | oany were filed on 10/25/2024 | and assigned |
|--|---|-------------------------------|
| Florida document number L24000454162 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited | liability company here: | |
| Home Inspections by Joe Brown LLC | | |
| The new name must be distinguishable and contain the words "Limited I | 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 | 52 | **** |
| | | |
| | | |
| Enter new mailing address, if applicable: | | 2.21.00 |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or registered off agent and/or the new registered office address here: | | |
| agent and/or the new registered office address here: | | he name of the new registered |
| agent and/or the new registered office address here: | ice address on our records, <u>enter t</u> | he name of the new registered |
| agent and/or the new registered office address here: Name of New Registered Agent: | ice address on our records, <u>enter t</u> | he name of the new registered |
| agent and/or the new registered office address here: Name of New Registered Agent: | ice address on our records, enter t Enter Florida street address | he name of the new registered |
| Name of New Registered Agent: New Registered Office Address: | Enter Florida street address City | he name of the new registered |
| agent and/or the new registered office address here: Name of New Registered Agent: | Enter Florida street address City | he name of the new registered |

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 |
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| ffective date, if other than an effective date is listed, the date lote: If the date inserted in thi ocument's effective date on the | s block does not mee | et the applicable | te of filing or more statutory filing re | than 90 days after file equirements, this d | at) ing.) Pursuant to 605.020 ate will not be listed a |
| record specifies a delayed effe is filed. | ctive date, but not ar | i effective time, i | at 12:01 a.m. on | the earlier of: (b) | The 90th day after the |
| ated | | 2024 | | | |
| ı | 4 | | | | |
| ment | Brown | | | | |
| oseph f | Brown Signature of a me | mber or authorized | 1 representative of | a member | · · · · · · · · · · · · · · · · · · · |

Filing Fee: \$25.00