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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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## **COVER LETTER**

| TO:                       | Registration Se<br>Division of Cor                                      |  | <b>∞®</b> *   |  |  |  |  |  |
|---------------------------|---|--|---|--|--|--|--|--|
| ens tr                    |   | K PROPERTY INSPECTIONS LLC                   |   | . <sub>- 1</sub> , , .   |  |  |  |  |
| SUBJE                     | <b>↓</b> 1;   | Name of Lim                                  | nited Liability Company   | <u>.</u>   |  |  |  |  |
| The end                   | closed Articles of  | Amendment and fee(s) are sub                 | omitted for filing.   |  |  |  |  |  |
| Please                    | return all correspo   | ndence concerning this matter                | to the following:   |  |  |  |  |  |
| MARK HOUY JR.             |   |  |   |  |  |  |  |  |
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| 13955 TURNBERRY WAY #20GR |   |  |   |  |  |  |  |  |
|                           |   |  |   |  |  |  |  |  |
|                           |   | MIAMI, FL 33180                              |   |  |  |  |  |  |
|                           |   | City/State and Zip Code  MWHJ1988@GMAIL.COM  |   |  |  |  |  |  |
|                           |   | ication)                                     |   |  |  |  |  |  |
| For fur                   | ther information co   | oncerning this matter, please c              | •   | ,  |  |  |  |  |
| MARK                      | K HOUY JR.  |  | 617 377-0319  |  |  |  |  |  |
|                           | Name of Person at ()  Name of Person Area Code Daytime Telephone Number |  | Telephone Number  |  |  |  |  |  |
| Enclose                   | ed is a check for th  | e following amount:                          |   |  |  |  |  |  |
| <b>■</b> \$25             | 5.00 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

(A Florida Limited Liability Company)

FILED

TRUEMARK PROPERTY INSPECTIONS LLC

2025 HAY 27 PM 2: 54 (Name of the Limited Liability Company as it now appears on our records.)

The Articles of Organization for this Limited Liability Company were filed on  $\frac{3/13/2025}{1}$ Florida document number L25000125277 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 19355 TURNBERRY WAY #20GR Enter new principal offices address, if applicable: MIAMI, FL 33180 (Principal office address MUST BE A STREET ADDRESS) 19355 TURNBERRY WAY #20GR Enter new mailing address, if applicable: MIAMI, FL 33180 (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: 19355 TURNBERRY WAY #20GR New Registered Office Address: Enter Florida street address MIAMI , Florida 33180
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 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          | RICHARD MCDONALD | 19355 TURNBARRY WAY #20GR       | <b>=</b> Add                      |
|              |                  | MIAMI, FL 33180                 | Remove                            |
|              |                  | ***                             | 🗆 Change                          |
|              | BERNARD GOODMAN  | 6820 STERLING GREENS PLACE #102 | <b>=</b> Add                      |
|              |                  | NAPLES, FL 34104                | □Remove                           |
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| ffective date, if other than the date an effective date is listed, the date must be spoote: If the date inserted in this block document's effective date on the Department. | secific and cannot be prior to date of<br>oes not meet the applicable stat | filing or more than 90 days | optional) after filing.) Pursuant to 60 s, this date will not be lis | 95.0207<br>sted as t |
| record specifies a delayed effective date<br>is filed.  | , but not an effective time, at 17   | 2:01 a.m. on the earlier of | of: (b) The 90th day aft   | er the               |
| 5/19/2025<br>ated   | 12:01AM  | , ,                         | 1 5  |                      |
| Signa   | ture of a member or authorized rep   | resentative of a member     | M1.  |                      |
| _   | •  | U                           | V  |                      |