

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Properties Solution Services, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Onelia M. Duran
Name of Person
Properties Solution Services, LLC
Firm/Company
11865 SW 26 Street, J-7
Address
Miami, FL 33175
City/State and Zip Code
info@miamipermits.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ruliak Figueiras at **305 228-8900**
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for 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
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

2014 MAY -5 PM 1:48
 FILED
 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGM	Rao Gollaville K	11865 SW 26 St , J-7	<input type="checkbox"/> Add
		Miami, FL 33175	<input checked="" type="checkbox"/> Remove
AMBR	Arshad Viqar	11865 SW 26 St, J-7	<input checked="" type="checkbox"/> Add
		Miami, FL 33175	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

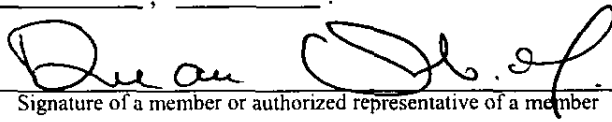
FILED
2011 MAY -5 PM 1:40
CLERK OF STATE
TALLAHASSEE FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated _____



Signature of a member or authorized representative of a member

Onelia M. Duran

Typed or printed name of signee

2014 MAY -5 PM 1:48
FILED
DEPARTMENT OF STATE
TALLAHASSEE FLORIDA